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Pfizer

presents

Americans and their doctors

Results of a nationwide survey on the doctor/patient relationship

Conducted by Louis Harris and Associates, Inc., for Pfizer Pharmaceuticals

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January 1985

Project Director:

Merl W. Baker, Vice President
Louis Harris and Associates, Inc.

In this age of continuing advances in medical technology and sweeping changes in the delivery of health care services, the doctor/patient relationship still remains the mainstay of our country's health care system. We at Pfizer Pharmaceuticals have commissioned Louis Harris and Associates, Inc., to help us in assessing various aspects of this relationship as part of our ongoing commitment to fostering better relations between patients and their doctors. We firmly believe that factors such as good communications can often make the difference in the ultimate quality and effectiveness of physician/patient interactions.

We at Pfizer hope that the results of this study will help by providing a better understanding of the nature of the physician/patient relationship. No matter how far we progress in the field of medical science, successful treatment will continue to be contingent on human interaction.

—Pfizer Pharmaceuticals

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A Word About This Study

This study was commissioned by Pfizer Pharmaceuticals to explore the nature of the doctor-patient relationship in America today, with a special focus on patients with several chronic conditions.

Part I of this report describes the findings drawn from a representative cross section of 1,501 Americans 18 and over conducted from May 2 through May 15, 1984.

Part II describes the findings drawn from special samples of heart patients, arthritics, and diabetics conducted from May 8 through May 24, 1984.

A description of the survey method and a copy of the questionnaire appear as appendices to this report.

Note on the Tables

It should be noted that percentages in the tables may not always add to 100% because of rounding or the acceptance of multiple responses.

Acknowledgements

Louis Harris and Associates is indebted to Pfizer Pharmaceuticals for making this research possible. The contribution of the following individuals at Pfizer is gratefully acknowledged: Grant W. Denison, Charles L. Fry, and Cathy E. Levine.

It should, however, be noted that the findings and conclusions ccontained in this report are those of Louis Harris and Associates, and not necessarily those of Pfizer Pharmaceuticals.

Executive Summary

What Americans Look for in a Doctor and How They Rate Their Own Doctors

One of the great ironies in American politics is that if the entire Congress faced reelection as a group it inevitably would lose. Congress is able to survive only because its members face the electorate as individuals rather than representatives of the institution.

This same irony is evident in the medical profession. Whatever public criticisms doctors as a group may face, this study shows that individual physicians themselves are generally held in high esteem by their main constituents—their patients. Indeed, one of the most striking findings of this study is just what extraordinary expectations Americans have of their physicians—and how well Americans say their doctors are doing to deliver on these expectations.

For the vast majority of Americans, technical competence is only one of many attributes they look for in a physician. Not surprisingly, they also expect their doctors to possess excellent communications skills, to really care about their patients, to have friendly personalities, and to understand their patients' economic circumstances.

A few examples:

- More than 9 Americans in 10 consider it very important for a doctor to be knowledgeable and competent, to answer questions honestly and completely, to explain medical problems in clear language, to make sure patients understand what they've been told about their medical problems, to spend enough time with patients to prescribe effective treatment, to really care about a patient's health, and to make a special effort to get patients to explain their problems and symptoms completely.
- More than 6 Americans in 10 consider it very important for a doctor to keep medical fees reasonable, to counsel patients on steps they could take to enjoy good health, to have a friendly personality, and to understand patients' economic circumstances.

Americans rate their doctors very highly on all of these dimensions. More than 9 Americans in 10 who say they have a usual doctor (81% of all adults) give their doctor positive ratings on being knowledgeable and competent, making sure patients understand what they have been told about their medical problems, answering questions honestly and completely, explaining medical problems in clear language, spending enough time with patients, really caring about patients' health, making a special effort to get patients to explain their problems completely, and having a friendly personality.

More than 8 Americans in 10 with a usual doctor rate their doctor positively on telling patients about steps they could take to enjoy good health, keeping medical fees reasonable, and understanding patients' economic circumstances.

The Role of Communications in the Physician-Patient Relationship

While the overall physician ratings in this study imply a high level of patient satisfaction with the communications skills of America's doctors, a closer look reveals that there is still some room for improvement.

In this study, Americans were asked how they feel various medical decisions should be made. Those who had been faced with these decisions were then asked how the decision was actually arrived at. The following table illustrates the results:

Treatment Decision	Total Adults 18 and Over %	Treatment Decision	Adults 18 and Over With a Usual Doctor Who Have Been Faced With This Decision %
Having surgery		**Having surgery**	
Doctor and patient *should* agree	79	Doctor and patient *do* agree	63
Going on an exercise program		**Going on an exercise program**	
Doctor and patient *should* agree	71	Doctor and patient *do* agree	54
Going on a restricted diet		**Going on a restricted diet**	
Doctor and patient *should* agree	63	Doctor and patient *do* agree	51
Using a prescription drug		**Using a prescription drug**	
Doctor and patient *should* agree	51	Doctor and patient *do* agree	44

While Americans are generally in agreement with their physicians on treatment decisions, it is also generally true that the proportion of people who think doctors and patients should agree on treatment decisions is greater than the proportion of patients who have been faced with such decisions and say they actually decide through agreement with their doctor. This gap is made up almost equally of physicians dictating treatment, on the one hand, and patients making treatment decisions on their own, on the other. So while neither doctor nor patient alone can be faulted for the communication gap, both have an interest in and a responsibility for working together to close it. It is no secret that patients who have participated in and are in agreement with a treatment decision are the most likely to be compliant. It stands to reason that they would be the most loyal patients as well.

How Patients Perceive Physicians' Motivations

Americans' perceptions of whether their usual doctor is motivated mainly by an interest in helping patients or by an interest in making money impact significantly their other evaluations of the doctor and their own compliance and loyalty as patients.

In fact, the findings in this study show that patients' perceptions of their doctors' motivations strongly influence their evaluations of their doctors on several attributes. On the face of it, America's physicians fare well when evaluated on this measure, according to the results of this study:

- Nearly a quarter (23%) of Americans say doctors in general are mainly interested in helping patients. Fully 65% say doctors in general are mainly interested both in making money and in helping patients, while only 9% think doctors are mainly interested in making money.
- When it comes to their own doctor, Americans are even more positive. Fully 50% think their own doctor is mainly interested in helping patients; 48% attribute dual motives to their own physician; and only 2% think their usual doctor is mainly interested in making money.

It stands to reason that those Americans who attribute mainly altruistic motives to their usual physician would be more likely to rate their doctors positively than would those Americans who attribute dual motives or the 2% who attribute solely pecuniary motives to their usual doctor. The following table illustrates just how important patients' perceptions of their physicians' motivations are when it comes to evaluating that doctor's performance:

	Excellent Ratings From Americans With a Usual Doctor		
		Usual MD Wants To:	
Physician Attribute	Total Adults 18 and Over	Help Patients	Help Patients and Make Money
	%	%	%
Understanding patients' economic circumstances	44	56	33
Spending enough time with patients	64	75	53
Keeping medical fees reasonable	40	51	29
Making sure patients understand what they have been told	65	75	55
Having a friendly personality	60	71	51
Telling patients about steps to good health	52	63	43

Certainly, patients' attitudes toward their doctor vary with age, sex, education, and a number of other dimensions. These findings are described fully in the report. Yet patients' perceptions of physicians' attitudes toward their work appear to provide the best indication of how they feel about their doctor. Simply put, when the motives of the physician are perceived as altruistic, patients are more likely to evaluate the doctor's performance positively. It is true that Americans do not begrudge doctors their fees if they feel they are getting good service, but they feel even more positive about their physician if they think he or she is motivated mainly by an interest in helping patients. This is best illustrated by the spreads of 20 points or more for each of the items listed in the table above.

This study also shows that when patients perceive their usual doctor as being motivated mainly by an interest in helping patients, they are more likely to visit their doctor for advice about steps they could take to stay healthy (preventive medicine) and to say they always follow their doctor's instructions exactly on how, when, and in what dosages to take a prescription drug (medication compliance). These patients are more satisfied not only with their own physician, but with the health care services they and the members of their family have used within the past few years.

In addition, it should come as no surprise that patients who attribute altruistic motives to their doctor are significantly less likely than those who perceive dual motives to drop or change doctors because of dissatisfaction, a step taken at some point in the past by 39% of all Americans. Of course, it is equally noteworthy that 6 Americans in 10 have never changed doctors out of dissatisfaction. Additionally, only 26% of adults with a usual doctor have ever been forced by circumstances to see a doctor other than their own.

These findings point to a happy confluence of interest between the societal objective of improving public health and the individual physician's need to build or retain a practice. In short, patients who see their doctors as being motivated mainly by an interest in helping patients are more likely to seek advice for preventive health measures and to comply with their doctor's counsel. They are also more loyal, and they are more satisfied with the health care services they receive.

According to the results of this study, 50% of all Americans with a usual doctor take this point of view; however, there are still 46% who see their doctor responding to both motivations.

The Issue of Fees

One of the most striking findings regarding the issue of fees is how small a role patients say fees actually play in their relationship with their physician—a finding that most probably is reinforced by the fact that Americans, by 70-26%, say they are insured for at least part of the cost of visits to the doctor.

- On a list of eleven attributes of physicians that Americans were asked to rate in terms of importance, understanding patients' economic circumstances ranks eleventh.
- On that same list of physician attributes, reasonable medical fees rank eighth in terms of importance—below the doctor's technical competence, clear communication with the patient, having enough time for the patient, and having a caring attitude toward the patient.
- By 81-18%, Americans say that the fees they would have to pay *have not been a reason* for deciding against seeing a physician.
- Of all Americans who have dropped or changed doctors because of dissatisfaction (39% of all adults), by 74-25% they say fees *were not a factor* in their decision to do so.

What is important to patients may be best revealed in this study by the leading reason patients who have dropped or changed doctors cite for their decision—the doctor they dropped, in their opinion, did not spend enough time with them to diagnose their problem and prescribe effective treatment, a sentiment voiced by a majority of these patients.

The message in these findings is quite straightforward—although fees in and of themselves may not be of prime importance to patients, perceived value is. The vast majority of Americans (with the support of their insurers) are prepared to pay for what they consider to be attentive, thorough, and caring treatment from a physician. They are not always willing to pay for staying with a doctor whom they perceive as unwilling or unable to communicate well with them.

Patients With Chronic Conditions

Patients with the three chronic conditions examined in this study—hypertension or heart condition, arthritis, and diabetes—are remarkable chiefly for how little their general attitudes and behavior vary from those of all Americans their age. Indeed, there are few variances between these patients and all adult Americans that cannot be attributed to their being older and consequently in poorer health.

However, this study does point to some interesting and important differences that derive more from these patients' health status than from their age:

- Demographically, diabetics are among those with the lowest incomes and are also the oldest and least healthy of the three groups. Arthritics stand out as a group because they are overwhelmingly women, are less educated, and have relatively low incomes. Heart patients comprise proportionately more men than do the other two groups; heart patients are noteworthy as the highest income group of the three.

- Patients with any of the three conditions visit a doctor more frequently than Americans 35 and over, but diabetics visit a doctor much more frequently than either heart patients or arthritics.
- Patients with any of the three conditions are more likely than all Americans 35 and over to have ever been on long-term drug therapy. Arthritics, however, are *much* less likely to have been on drug therapy than either diabetics or heart patients.
- Diabetics are the most likely of the three groups to have insurance for hospitalization, visits to the doctor, and prescription drugs; arthritics are the least likely to have insurance coverage in these areas.

As a group, heart patients are consistently if modestly less likely than all Americans or patients with other chronic conditions to give their usual doctor an excellent rating on each of the eleven attributes tested. Heart patients are perceptibly less positive in evaluating their doctor on communications-related attributes, with significantly lower ratings of their doctor on making a special effort to get patients to explain their problems, on making sure patients understand what they've been told about their problems, on answering patients' questions honestly and completely, and on explaining medical problems in clear language. Heart patients are also more likely to cite these types of communication issues when giving reasons for dropping or switching a doctor, and they alone in this study indicate a sense of being required by their doctor to participate in a decision to use a prescription drug beyond the level of participation they say they actually want.

Although generally modest, these differences do isolate heart patients as a group warranting special attention from physicians. Some of these issues most likely are attributable to the symptomless nature of hypertension and to the fact that men (who represent a larger proportion of heart patients than of Americans 35 and over or of any of the other groups with a chronic conditions) are generally less likely to give their doctor excellent ratings than women. These factors notwithstanding, heart patients do seem to pose a greater communication challenge than patients with other chronic conditions.

Arthritics as a group are more likely than all Americans 35 and over to have seen three or more doctors in the past year and are more likely to have dropped or changed doctors because of dissatisfaction. Arthritics who have dropped a doctor are much more likely than all Americans to have done so because the prescribed treatment didn't work.

These important differences notwithstanding, arthritics are generally neither more nor less positive in their evaluations of their usual doctor than are all Americans 35 and older. Elderly arthritics (those 65 and over), however, are somewhat less likely than younger arthritics or all Americans 35 and over to give their doctors excellent marks on answering questions honestly and completely, spending enough time with patients, being knowledgeable and competent, and making a special effort to get patients to explain their problems.

If a larger point emerges in this analysis of arthritics, it's probably that arthritics come to their doctor with extremely high expectations of what therapy can achieve. These findings suggest that physicians may not be communicating effectively enough with their arthritic patients to bring these expectations closer to reality.

Diabetics, notwithstanding their higher average age and demonstrably poorer health than patients with the other two conditions, are generally upbeat about the health care system and their own doctor. This attitude may owe more to the nature of their illness than to their specific experiences with the system. Many may have benefited from successful therapy, and it is possible that diabetics in general have done a better job of coming to terms with the seriousness of their condition and thus approach the system with more modest expectations. Diabetics generally give their doctors better marks on specific evaluations than do all Americans 35 and over.

Diabetics, however, are still demanding consumers of health care service. They rely more on specialists than do patients with other chronic conditions, and they are more likely than all Americans who have dropped a doctor because of dissatisfaction to have done so because the doctor didn't seem to exhibit ample knowledge or competence. For doctors, demonstrating specific competence in treating diabetes may be the most important aspect of a solid relationship with diabetic patients.

Recommendations for Physicians

For practicing primary care physicians, these study findings collapse into a handful of recommendations for building even more solid relationships with patients:

- Even *clearer communication* with patients can help foster more positive attitudes on the part of patients, enhance their loyalty, and improve their compliance—particularly *drawing out patients' concerns and responding to their questions to meet their satisfaction.* It is also important for doctors to be sure that patients *understand what they have been told.*
- Physicians should *avoid dictating treatment decisions* to patients. What patients really want is to feel that they are in agreement with their doctor on a course of action. By the same token, however, it is important to realize that *some patients are looking to physicians to assert strong guidance in making a treatment decision* and do not want to be left on their own to decide; they too want to feel that they have agreed on a plan with their doctor.

- *Communicating an extravagant concern for the well-being of the patient* should be one of a physician's top priorities in dealing with patients. Indeed, to the extent patients see doctors motivated as much by money as by an interest in helping patients, they become less loyal and less compliant. These findings suggest that physicians *should review their scheduling and billing practices, the attitudes of their staff, and the nature of their discussions with patients about fees* in order to reinforce patients' perceptions of the physician's commitment to quality care.

- Patients are more concerned with the *perceived value* of the care they pay to receive from their doctors than with the dollars per se. Fees are not the primary issue with patients as long as they are *satisfied that they are getting enough of the doctor's time and attention.*

- *Patients with hypertension or a heart condition—particularly those with less education—need more attentive communication than most other patients,* and their doctors should be prepared to go to unusual lengths to explain the nature and seriousness of the condition and to solicit the patient's cooperation in treatment.

- *Arthritics are restless* and appear to expect and demand more relief than medical science is currently capable of delivering. The physician's major *responsibility to arthritics may be to try to align patients' expectations with reality*—a posture that ultimately serves the best interest of both parties.

- *Diabetics as patients are demanding* and attach great importance to their doctor having the specialized expertise to treat their condition and its complications. Doctors with diabetic patients should *be particularly attentive to the need to win the confidence of these patients.*

In sum, this study shows a clear link between a solid and positive doctor-patient relationship, on the one hand, and a more compliant, more health-oriented patient, on the other. Doctors themselves have a great opportunity to improve the relationship and in so doing contribute to the well-being of both their patients and their practices.

PART I: ADULT AMERICANS AND THEIR DOCTORS

I.1: AMERICANS SIZE UP THE HEALTH CARE SYSTEM AND THEIR OWN HEALTH

That Americans are generally satisfied with the nation's health care system is not news. Harris surveys for years have found satisfaction to be high, and this survey is no exception. By 87-10% Americans say they are at least somewhat satisfied with the health care services they and members of their families have used in the past few years (Table 1).

More revealing is how *little* satisfaction varies by age, sex, and insurance coverage (Table 1) and how *much* it varies by Americans' relationships with physicians (Table 2). Indeed, primary care physicians play a major and positive role in shaping Americans' attitudes toward the entire health care system.

While 52% of all Americans say they are very satisfied with the health care services they receive, 56% of those with a single physician to whom they usually go for care feel this way (Table 2). And while only half of those who usually receive care in a clinic or a hospital emergency room are very satisfied with the health care system, 57% of those who receive care in a doctor's office feel this way.

The better the relationship with the physician, the higher the satisfaction with the nation's health care system. Of those Americans who have seen only one doctor in the past year, nearly 6 in 10 express high satisfaction with the system compared with only 50% of those who have seen two or more doctors during this interval. Nearly as great a proportion (57%) of those who have been seeing their usual doctor for six years or more say they are very satisfied with the health care services they receive, compared with just 52% of those who have been seeing their usual doctor for less than one year. And fully 63% of those who think their usual doctor is mainly interested in helping patients say they are very satisfied, while only 49% of those who think their usual doctor is mainly interested in both helping patients and making money hold this point of view.

Observation:

At the front lines in the nation's health care delivery system, physicians clearly exert enormous influence on how Americans feel about all health care services. As these findings suggest, and as other findings in this study show, physicians without a doubt contribute positively to the public's high degree of satisfaction with the health care system.

Consistent with the public's overall satisfaction with health care services is the finding that Americans generally consider themselves to be in good health (Table 3). By 90-10% Americans say their health is excellent or pretty good instead of only fair or poor. Even Americans suffering chronic health problems are generally positive about their health; nearly 3 diabetics in 4 (73%) say their health is at least pretty good, while 80% or more each of heart patients, arthritics, depressives, and ulcer patients feel this way (Table 4). The public's self-reported health status drops sharply with age; 51% of those 18-24 say their health is excellent, but only 31% of those 65 and over make this claim. Yet older Americans are somewhat more likely than their younger counterparts to be very satisfied with the health care services they've used in the past few years.

Q.2

Table 1
OVERALL SATISFACTION WITH HEALTH CARE SERVICES: BY AGE, SEX, GENERAL HEALTH, AND INSURANCE COVERAGE

Q.: Overall, how do you feel about the health care services that you and your family have used in the last few years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

	Total Adults 18 and Over	Age					Sex		General Health		Insurance Coverage		
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female	Positive	Negative	Hospitalization	Prescription Drugs	Doctor Visits
Base	1501	220	346	419	304	145	686	815	1334	160	1338	939	1047
	%	%	%	%	%	%	%	%	%	%	%	%	%
Very satisfied	52	49	45	55	55	54	49	54	54	34	53	51	52
Somewhat satisfied	35	44	42	32	26	33	37	32	35	35	34	34	34
Somewhat dissatisfied	6	4	8	6	7	6	6	7	6	13	6	7	6
Very dissatisfied	4	2	3	5	5	4	4	3	3	11	4	4	4
Have not used (vol.)	2	1	2	2	3	2	3	2	2	2	2	2	2
Not sure	2	1	*	1	4	2	2	1	1	6	1	2	1

**Less than 0.5%.*

Q.2

Table 2
OVERALL SATISFACTION WITH HEALTH CARE SERVICES: BY EXPERIENCE WITH PHYSICIANS

Q.: Overall, how do you feel about the health care services that you and your family have used in the last few years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

	Total Adults 18 and Over	Has Usual MD	Years Seeing Usual MD			Different MD's Seen in Past Year		Ever Stopped Going to or Changed MD	Usual Place of Care			Usual MD Wants To:	
			Less Than 1 Year	At Least 1 but Less Than 6 Years	6 Years or More	1	2 or More		Doctor's Office	Clinic	Hospital Emergency Room	Help Patients	Help Patients and Make Money
Base	1501	1208	79	502	614	580	548	586	894	185	58	613	546
	%	%	%	%	%	%	%	%	%	%	%	%	%
Very satisfied	52	56	52	56	57	58	50	46	57	50	50	63	49
Somewhat satisfied	35	33	30	35	32	32	34	36	31	32	33	26	41
Somewhat dissatisfied	6	5	7	4	5	5	9	11	5	10	7	4	6
Very dissatisfied	4	3	5	3	2	3	4	6	3	5	3	2	2
Have not used (vol.)	2	2	1	1	2	2	1	1	1	2	3	2	1
Not sure	2	2	5	1	1	1	1	1	1	2	4	2	1

Q.3

Table 3
SELF-REPORTED HEALTH STATUS: BY AGE, SEX, AND RACE

Q.: How would you rate *your own* health in view of your age—would you say that your health is excellent, pretty good, only fair, or poor?

	Total Adults 18 and Over	Age					Sex		Race		
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female	White	Black	Hispanic
Base	1501	220	346	419	304	145	686	815	1259	131	111
	%	%	%	%	%	%	%	%	%	%	%
Excellent	44	51	50	44	37	31	47	41	45	36	41
Pretty good	46	46	43	46	47	52	44	48	45	50	49
Only fair	8	3	5	7	12	13	7	8	7	12	7
Poor	2	*	1	3	3	2	2	2	2	2	3
Not sure	*	-	-	-	1	2	*	1	*	-	-

**Less than 0.5%.*

Q.3

Table 4
SELF-REPORTED HEALTH STATUS: BY AMERICANS WITH CHRONIC HEALTH PROBLEMS

Q.: How would you rate *your own* health in view of your age—would you say that your health is excellent, pretty good, only fair, or poor?

	Total Adults 18 and Over	Heart Patients 18 and Over	Arthritics 18 and Over	Depressives 18 and Over	Ulcer Patients 18 and Over	Diabetics 18 and Over
Base	1501	307	161	70	68	39
	%	%	%	%	%	%
Excellent	44	29	28	20	36	13
Pretty good	46	52	52	65	58	60
Only fair	8	14	16	7	1	15
Poor	2	4	3	6	4	7
Not sure	*	*	1	-	-	5

**Less than 0.5%.*

I.2: A REPORT CARD ON AMERICANS' PRIMARY CARE PHYSICIANS: AMERICANS RATE THEIR DOCTORS

What Americans Look for in a Doctor

Americans have extraordinary expectations of their physicians. As shown in Table 5, more than 9 Americans in 10 consider it very important for a doctor to:

- Be knowledgeable and competent (97%);
- Answer questions honestly and completely (96%);
- Explain medical problems in clear language (95%);
- Make sure patients understand what they've been told about their medical problems (95%);
- Spend enough time with patients (94%);
- Really care about a patient's health (92%);
- Make a special effort to get patients to explain their problems and symptoms completely (92%).

And more than 6 Americans in 10 consider it very important for a doctor to:

- Keep his or her medical fees reasonable (84%);
- Counsel patients on steps they could take to enjoy good health (82%);
- Have a friendly personality (70%);
- Understand patients' economic circumstances (63%).

When those who consider these attributes "somewhat important" are combined with those who consider them "very important," not fewer than 9 Americans in 10 consider each of these attributes important in a primary care physician.

These expectations cut a broad swath through all demographic groups. Indeed, response to those items that more than 90% of all Americans consider very important varies only modestly among subgroups. Several revealing patterns emerge, however, in response to items that rank just below.

Older Americans (those 65-74) and women are more likely than younger Americans (those 25-34) and men to consider it very important for doctors to keep their medical fees reasonable. This expectation varies only insignificantly by income.

Older Americans, women, and upper income Americans (with incomes between $35,001 and $50,000) are more likely than younger Americans, men, and those with a lower income to consider it very important for a doctor to tell them about steps they could take to enjoy good health.

Older Americans, women, and those with lower incomes are more likely than younger and higher income Americans and men to consider it very important for a doctor to have a friendly personality. These groups also focus more on the need for doctors to understand a patient's economic circumstances.

Observation:
Nuances notwithstanding, the larger point is that Americans have extremely high expectations about how a physician should perform. It isn't enough, these findings show, for a doctor simply to be competent, although Americans designate competence as the single most important attribute on this list. Doctors are also expected to be excellent communicators, caring counselors, and nice people and to be sensitive to patients' financial circumstances. It's difficult to think of another occupation — with the possible exceptions of teaching and the clergy—with such a diverse set of demands made by the clientele.

Patients Evaluate Their Own Doctors

How do physicians stack up against these towering expectations?

The short answer is that more than 8 Americans in 10 with a usual doctor give their doctor a positive rating on each of these eleven attributes (Table 5). Americans' primary care physicians, in short, are doing an excellent job in responding to the varied demands their patients make on them. At least 95% of those Americans with a usual doctor give their doctor a positive job rating on:

- Being knowledgeable and competent (97%);
- Making sure patients understand what they've been told about their medical problems (96%);
- Answering patients' questions honestly and completely (95%);
- Explaining medical problems in clear language (95%);
- Really caring about patients' health (95%);
- Spending enough time with patients (95%);
- Making a special effort to get patients to explain their problems and symptoms completely (95%).

And at least 8 in 10 Americans with a usual doctor give their doctor a positive rating on:

- Having a friendly personality (94%);

- Telling patients about steps they could take to enjoy good health (85%);
- Keeping medical fees reasonable (83%);
- Understanding patients' economic circumstances (82%).

Throughout these evaluations, older Americans, women, and higher income Americans tend to be somewhat more positive about their doctor, while younger Americans, men, and lower income Americans tend to be somewhat less so. Several exceptions to this pattern are noteworthy, however.

Women are no more likely than men to give their doctor an excellent rating on the job the doctor is doing to really care about them and their health, yet women attach a perceptibly higher importance to this attribute than do men. This suggests that women in particular see room for improvement on this dimension on the part of their own physician.

Upper income patients, generally more positive in their ratings of their physician than lower income patients, are somewhat less positive than either lower income patients or patients as a whole when it comes to rating their physician on caring. Yet they attach essentially the same importance to caring as do all Americans and lower income Americans. Here too, there's an evident appetite for a more caring attitude on the part of their own physician.

Surprisingly, upper income patients are perceptibly less likely to give their doctor an excellent rating on keeping fees reasonable than are lower income patients or patients as a whole. On both keeping medical fees reasonable and understanding their patients' economic circumstances, only 38% give their doctor an excellent rating; 42% of lower income patients give their doctor excellent marks on each of these counts. This difference may say more about the attitudes and financial expectations of upper income Americans than it does about actual household health costs and the ability to meet them; these two income groups report roughly equal out-of-pocket expenditures for health care in the past year.

While Americans are both very demanding of doctors and very positive in their evaluations of their own doctor on all of these attributes, several gaps between patients' expectations and doctors' performance are large enough to warrant special attention (Figure 1).

Six in ten Americans with a usual doctor give their doctor an excellent rating on having a friendly personality, while 70% of all Americans consider it very important for a doctor to be nice. Among younger Americans, a lower 55% give their doctor an excellent rating on his or her personality.

While 82% of all Americans consider it very important for a doctor to tell them about steps they could take to enjoy good health, a much lower 52% of Americans with a usual doctor give that doctor an excellent rating on this score. Younger Americans are among those offering a lower rating; 46% of those 25-34 give their doctor an excellent rating on "wellness" counseling.

The poorest physician ratings, although still positive overall, relate to fees and patients' economic circumstances; only 40% of all patients with a usual doctor give their doctor an excellent rating on keeping medical fees reasonable, although 84% of all adults say it's very important for doctors to do so. And 44% of those with a usual doctor give their doctor excellent marks on understanding their economic circumstances, although 63% of all Americans consider this very important.

Observation:
It's important to remember that Americans aren't panning their doctors on their personalities, their efforts at "wellness" counseling, or even on their fees; patients remain quite positive overall even on these dimensions. These aspects emerge not as critical shortcomings, but simply as areas of medical practice where patients are demonstrating an appetite for even better performance from their physicians.

Q.18a,18b

Table 5
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS

Q.: In general, how important do you think it is for a doctor to (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

Q.: And how would you rate your own doctor on the job he or she is doing to (READ EACH ITEM)—would you say he or she is doing an excellent, pretty good, only fair or poor job on this?

	Adults 18 and Over							Adults 18 and Over With a Usual Doctor						
		Age		Sex		Income			Age		Sex		Income	
	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000
Base	1501	346	145	686	815	279	171	1208	252	129	507	701	219	144
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Be knowledgeable and competent to treat your illnesses														
Very important/ excellent	97	98	98	96	98	98	98	67	62	71	67	67	63	66
Somewhat important/ pretty good	2	2	2	3	2	2	2	30	35	25	29	30	31	30
Not very important/ only fair	-	-	-	-	-	-	-	2	2	2	3	2	3	2
Not important at all/ poor	-	-	-	-	-	-	-	*	-	-	*	-	1	-
Not sure	*	*	-	*	*	-	-	1	*	1	1	1	2	2
Answer your questions honestly and completely														
Very important/ excellent	96	98	93	94	98	96	97	68	65	67	66	69	61	70
Somewhat important/ pretty good	3	2	5	5	2	4	3	27	30	29	29	26	31	24
Not very important/ only fair	*	*	-	*	-	-	-	4	4	1	4	4	5	5
Not important at all/ poor fair	-	-	-	-	-	-	-	*	*	-	1	*	2	1
Not sure	*	-	2	1	*	-	-	1	*	3	*	1	2	-

(Continued)

Q.18a,18b

Table 5 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS

	Adults 18 and Over							Adults 18 and Over With a Usual Doctor						
		Age		Sex		Income			Age		Sex		Income	
	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000
Base	1501	346	145	686	815	279	171	1208	252	129	507	701	219	144
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Explain your medical problems to you in language you can understand														
Very important/ excellent	95	96	95	92	98	96	96	66	61	69	64	67	61	69
Somewhat important/ pretty good	4	3	5	7	2	3	4	29	33	27	30	29	31	27
Not very important/ only fair	*	-	-	*	*	*	-	4	6	1	4	3	6	3
Not important at all/ poor	*	*	-	-	*	*	-	*	*	-	1	*	1	1
Not sure	*	-	*	1	*	-	-	1	*	3	1	1	1	1
Make sure you understand what you've been told about your medical problems														
Very important/ excellent	95	94	96	93	97	97	93	65	57	69	63	66	59	65
Somewhat important/ pretty good	4	5	3	6	2	3	7	31	37	30	31	31	33	30
Not very important/ only fair	*	*	-	*	-	-	-	3	4	*	4	2	5	4
Not important at all/ poor	*	1	-	*	*	-	1	1	*	-	1	*	1	1
Not sure	*	-	*	*	*	-	-	1	1	*	1	1	1	1

(Continued)

Q.18a,18b

Table 5 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS

	Adults 18 and Over							Adults 18 and Over With a Usual Doctor						
		Age		Sex		Income			Age		Sex		Income	
	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000
Base	1501	346	145	686	815	279	171	1208	252	129	507	701	219	144
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Personally spend enough time with you to diagnose your problem and prescribe effective treatment														
Very important/ excellent	94	94	94	92	96	96	93	64	58	63	62	65	55	63
Somewhat important/ pretty good	5	5	4	7	3	4	6	31	38	30	31	31	35	31
Not very important/ only fair	*	1	1	1	*	-	*	4	3	5	5	3	7	5
Not important at all/ poor	*	*	-	*	-	*	*	1	1	-	1	*	2	1
Not sure	*	*	1	*	*	*	-	*	-	2	*	*	2	1
Really care about you and your health														
Very important/ excellent	92	90	96	89	95	92	91	66	57	68	66	66	65	62
Somewhat important/ pretty good	7	8	3	9	4	6	8	29	37	31	28	30	29	32
Not very important/ only fair	1	1	*	1	*	1	*	4	5	1	5	3	6	4
Not important at all/ poor	1	1	-	1	*	-	*	*	-	-	*	*	*	1
Not sure	*	*	*	1	*	1	*	*	*	-	*	*	*	-

(Continued)

Q.18a,18b

Table 5 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS

	Adults 18 and Over							Adults 18 and Over With a Usual Doctor						
		Age		Sex		Income			Age		Sex		Income	
	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000
Base	1501	346	145	686	815	279	171	1208	252	129	507	701	219	144
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Make a special effort to get you to explain your symptoms and problems completely														
Very important/ excellent	92	94	94	90	94	90	94	63	59	66	59	65	53	58
Somewhat important/ pretty good	6	5	4	8	5	9	5	32	33	32	35	30	38	36
Not very important/ only fair	1	1	-	1	*	*	1	4	5	2	4	4	6	5
Not important at all/ poor	*	*	-	1	-	-	-	1	1	-	1	*	1	1
Not sure	1	-	2	1	1	1	-	1	1	-	*	1	2	-
Keep his or her medical fees reasonable														
Very important/ excellent	84	80	93	80	88	86	85	40	39	42	37	42	42	38
Somewhat important/ pretty good	13	17	5	17	9	12	12	43	44	39	43	43	38	40
Not very important/ only fair	1	*	1	1	1	1	*	12	13	13	14	10	15	14
Not important at all/ poor	1	2	-	1	*	*	2	2	1	1	3	1	2	3
Not sure	1	1	1	1	1	2	1	4	2	5	3	4	3	5

(Continued)

Q.18a,18b

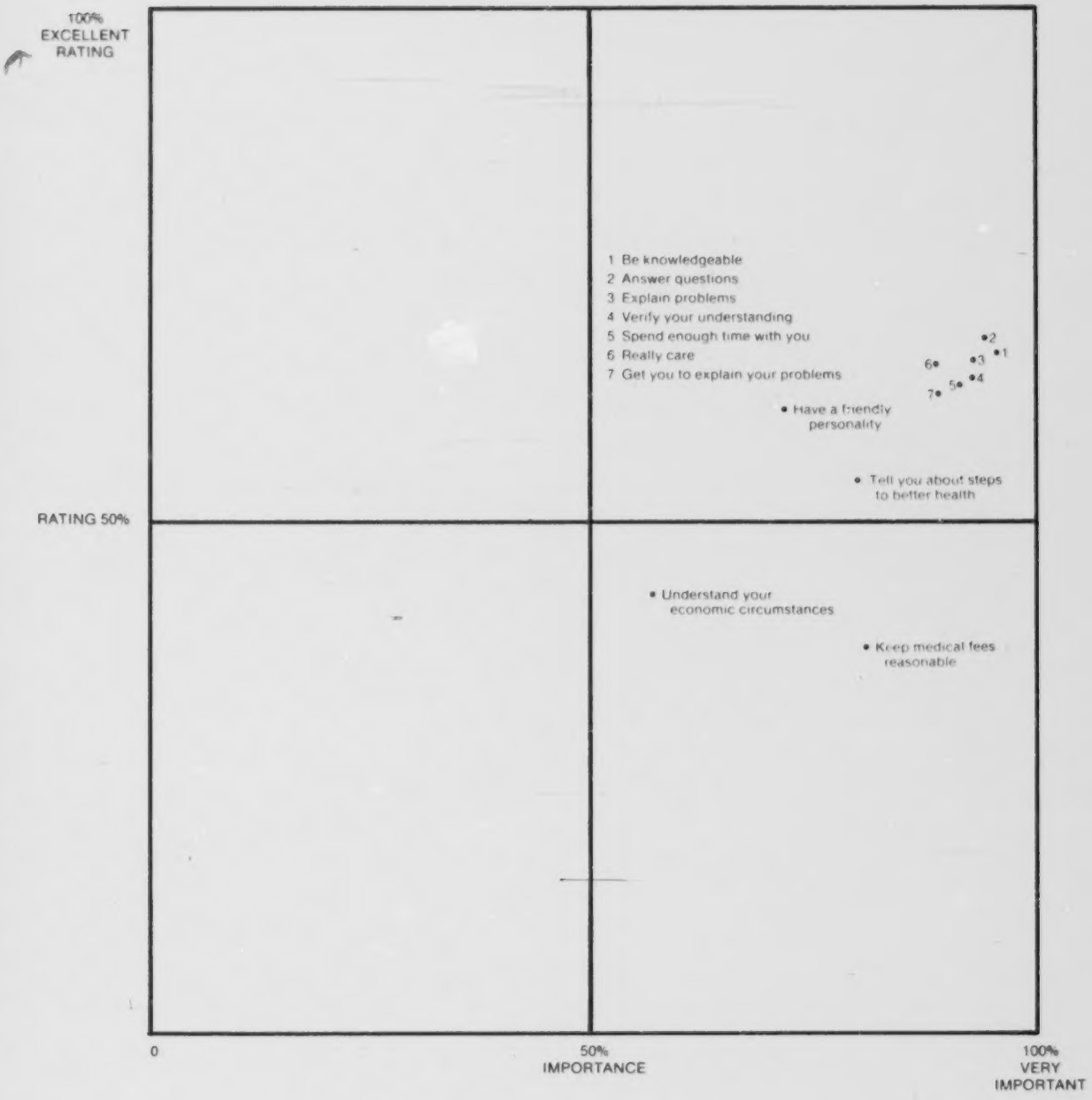
Table 5 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS

	Adults 18 and Over							Adults 18 and Over With a Usual Doctor						
		Age		Sex		Income			Age		Sex		Income	
	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000	Total	25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000
Base	1501	346	145	686	815	279	171	1208	252	129	507	701	219	144
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Tell you about steps you could take to enjoy good health such as controlling your weight, getting enough exercise, and eating the right foods														
Very important/ excellent	82	78	86	77	85	76	83	52	46	57	51	53	45	55
Somewhat important/ pretty good	15	20	9	18	12	20	13	33	35	33	33	34	37	27
Not very important/ only fair	2	2	2	2	1	2	3	10	14	5	10	9	11	14
Not important at all/ poor	1	1	2	1	1	1	2	2	2	-	4	1	2	2
Not sure	1	*	1	1	*	*	-	3	2	6	2	3	4	3
Have a friendly personality														
Very important/ excellent	70	66	74	65	74	77	64	60	55	65	59	61	60	61
Somewhat important/ pretty good	25	28	21	28	23	19	33	34	41	32	34	34	31	34
Not very important/ only fair	3	3	3	5	2	3	2	4	4	2	5	3	8	3
Not important at all/ poor	1	2	1	2	1	1	1	1	-	1	1	*	-	1
Not sure	*	*	2	1	*	-	-	1	1	*	*	1	1	1
Understand your economic circumstances														
Very important/ excellent	63	60	72	57	68	69	51	44	42	54	42	46	42	38
Somewhat important/ pretty good	27	27	18	29	25	25	35	38	43	28	39	37	42	36
Not very important/ only fair	5	7	4	7	3	2	6	8	9	4	9	8	9	11
Not important at all/ poor	4	3	4	5	2	2	6	2	2	1	2	1	*	3
Not sure	2	2	2	2	1	1	2	8	4	13	8	9	7	12

*Less than 0.5%.

Q..18a,18b

FIGURE 1
AMERICANS RATE THEIR DOCTORS



How Perceptions of Doctors' Motivations Influence Evaluations by Patients

If the issue of fees is something of a sore point in patients' evaluations of their doctor, it is also central to a larger and more complex body of attitudes that influence the relationship between physician and patient (Table 6).

Only 9% of all Americans think doctors in general are mainly interested in making money; 23% see their main focus as helping patients, while fully 65% say that doctors in general are mainly interested in both making money and helping patients.

When it comes to their own doctor Americans are even more generous. Only 2% of those with a usual physician say their own doctor is mainly interested in making money; fully 50% say their doctor is mainly interested in helping patients; and 46% see their own doctor as interested in both helping patients and making money.

On the face of it, this dramatic vote of confidence in the motivation of Americans' usual doctors could be read as perceived altruism at best or perceived pragmatism at worst. Certainly, one does not detect any accusation of greed emerging from the nation's patients. It would be tempting to conclude that physicians have put to rest one of the more persistent criticisms that has plagued the profession.

Yet the reality of the matter is somewhat different, for those who think their own doctor is mainly interested in both making money and helping patients are substantially less positive in their evaluations than are those who think their own doctor is mainly interested in helping patients (Table 7).

Only a third of those patients who say their doctor is interested in both money and helping patients give their doctor an excellent rating on understanding their economic circumstances, while 56% of those who see their doctor as mainly interested in patients do so.

Only 29% of those who attribute dual motives to their physician give their doctor an excellent rating on keeping fees reasonable, in contrast with 51% of those who see their doctor as mainly interested in helping patients.

Fully three-quarters of those who say their own doctor wants mainly to help patients give their doctor excellent marks on spending enough time with them, but scarcely half (53%) of those who see their own doctor mainly interested in both patients and money do so.

Twenty-point differences also separate the two groups on making sure patients understand what they've been told about their medical problems, having a friendly personality, making an effort to get patients to explain their symptoms, and providing information about how to stay healthy; differences of at least 15 points separate the groups for the balance of the attributes on the list.

Observation:

How patients feel about their doctor varies in reasonably predictable ways by age, sex, and income. And Americans' attitudes toward their doctor varies by their experience with the health care system. Healthy patients tend to feel better about their doctor than unhealthy patients; patients who've seen only one doctor in the past year feel a little better about their usual doctor than patients who've seen two or more physicians in this interval; patients who've had the same usual doctor for six years or more are more positive than those who've had the same usual doctor for a shorter interval; and patients who say their usual doctor is 39 or under are more positive than patients who say their doctor is between 40 and 59.

Yet as a watershed indicator, nothing is as clear as the differences between those who think their doctor is mainly interested in helping patients and those who see their doctor as mainly interested in both helping patients and making money. Physicians may be out of the woods in terms of being perceived as greedy. But patients are substantially more positive in their evaluations of their doctor if they're convinced the doctor's main motivation is to help patients—a view now shared by only half of those adult Americans with a usual doctor.

Q.22a,22b

Table 6
ATTITUDES TOWARD THE MOTIVATIONS OF DOCTORS

Q.: Thinking about doctors in general, which one of the following statements comes closest to your point of view?

Q.: Thinking about *your doctor* in particular, which one of the following statements comes closest to your point of view?

	Adults 18 and Over on Doctors in General						Adults 18 and Over With a Usual Doctor on Their Doctor					
		Age		Ever Stopped Going to or Changed MD	Usual MD Wants To:			Age		Ever Stopped Going to or Changed MD	Usual MD Wants To:	
	Total	25-34 Years	65-74 Years		Help Patients	Help Patients and Make Money	Total	25-34 Years	65-74 Years		Help Patients	Help Patients and Make Money
Base	1501	346	145	586	613	546	1208	252	129	478	613	546
	%	%	%	%	%	%	%	%	%	%	%	%
They (he or she) are (is) mainly interested in helping patients	23	21	28	17	44	4	50	49	57	47	100	-
or												
They (he or she) are (is) mainly interested in making money	9	10	11	12	7	8	2	2	-	2	-	-
or												
They (he or she) are (is) mainly interested both in making money and helping patients	65	68	55	69	46	87	46	48	39	48	-	100
All, none, some combination (vol.)	1	-	*	1	1	1	*	*	-	-	-	-
Not sure	2	*	5	1	3	1	2	-	5	2	-	-

*Less than 0.5%.

Q.18b

Table 7
PHYSICIAN RATINGS: BY EXPERIENCE WITH PHYSICIANS

Base: Those with a usual doctor

Q. And how would you rate your own doctor on the job he or she is doing to (READ EACH ITEM)—would you say he or she is doing an excellent, pretty good, only fair, or poor job on this?

	Total Adults 18 and Over	General Health		Usual MD Wants To:		Age of Usual MD			Years Seeing Usual MD			Different MD's Seen in Past Year	
		Positive	Negative	Help Patients	Help Patients and make Money	39 and Under	40-59 Years	60 and Over	Less Than 1 Year	At Least 1 but Less Than 6 Years	6 or more Years	1	2 or More
Base	1208	1072	130	613	546	219	791	183	79	502	614	500	457
	%	%	%	%	%	%	%	%	%	%	%	%	%
Answer your questions honestly and completely													
Excellent	68	70	53	77	60	72	67	68	65	67	69	69	68
Pretty good	27	27	34	21	34	25	28	26	23	29	26	28	27
Only fair	4	3	11	2	6	2	4	4	6	3	4	3	4
Poor	*	*	2	-	-	*	*	1	1	*	*	-	1
Not sure	1	*	1	-	*	*	1	-	5	*	*	*	*
Be knowledgeable and competent to treat your illnesses													
Excellent	67	68	61	75	60	71	66	68	58	65	71	69	67
Pretty good	30	29	33	24	36	26	31	28	36	32	27	29	29
Only fair	2	2	5	1	3	2	2	3	1	3	2	2	3
Poor	*	*	-	-	-	-	-	1	-	-	*	-	-
Not sure	1	1	1	*	*	1	1	*	6	1	*	*	1
Explain your medical problems to you in language you can understand													
Excellent	66	67	55	75	57	70	64	71	63	68	64	68	65
Pretty good	29	29	32	23	36	26	31	25	26	27	32	28	31
Only fair	4	3	8	1	6	3	4	4	5	5	3	3	3
Poor	*	*	3	-	*	*	*	*	1	*	*	*	1
Not sure	1	1	1	*	*	1	1	*	5	*	*	*	1

(Continued)

Q.18b

Table 7 (Continued)
PHYSICIAN RATINGS: BY EXPERIENCE WITH PHYSICIANS

Base: Those with a usual doctor

	Total Adults 18 and Over	General Health		Usual MD Wants To:		Age of Usual MD			Years Seeing Usual MD			Different MD's Seen in Past Year	
		Positive	Negative	Help Patients	Help Patients and make Money	39 and Under	40-59 Years	60 and Over	Less Than 1 Year	At Least 1 but Less Than 6 Years	6 or more Years	1	2 or More
Base	1208	1072	130	613	546	219	791	183	79	502	614	500	457
	%	%	%	%	%	%	%	%	%	%	%	%	%
Really care about you and your health													
Excellent	66	67	53	76	57	68	65	67	60	63	68	69	65
Pretty good	29	29	34	22	37	26	30	27	31	30	28	28	30
Only fair	4	3	11	2	6	6	4	5	5	6	3	2	4
Poor	*	*	-	*	-	-	*	1	-	1	*	*	1
Not sure	*	*	2	*	*	-	1	-	4	*	*	*	1
Make sure you understand what you've been told about your medical problems													
Excellent	65	66	54	75	55	62	64	70	60	64	65	69	63
Pretty good	31	31	34	23	39	33	32	26	31	32	30	28	32
Only fair	3	3	6	1	5	3	3	3	5	3	3	2	3
Poor	1	*	4	-	1	-	1	1	1	-	1	*	1
Not sure	1	*	2	*	1	1	*	-	3	*	1	*	1
Personally spend enough time with you to diagnose your problem and prescribe effective treatment													
Excellent	64	65	53	75	53	68	62	65	56	64	64	65	63
Pretty good	31	30	37	23	40	28	33	28	33	30	32	31	31
Only fair	4	4	8	2	7	3	4	6	8	5	4	4	5
Poor	1	*	1	-	*	-	1	*	1	1	*	*	1
Not sure	*	*	1	-	*	*	*	-	1	*	*	-	*

(Continued)

Q.18b

Table 7 (Continued)
PHYSICIAN RATINGS: BY EXPERIENCE WITH PHYSICIANS

Base: Those with a usual doctor

	Total Adults 18 and Over	General Health		Usual MD Wants To:		Age of Usual MD			Years Seeing Usual MD			Different MD's Seen in Past Year	
		Positive	Negative	Help Patients	Help Patients and make Money	39 and Under	40-59 Years	60 and Over	Less Than 1 Year	At Least 1 but Less Than 6 Years	6 or more Years	1	2 or More
Base	1208	1072	130	613	546	219	791	183	79	502	614	500	457
	%	%	%	%	%	%	%	%	%	%	%	%	%
Make a special effort to get you to explain your symptoms and problems completely													
Excellent	63	64	52	74	52	60	64	62	62	61	64	64	63
Pretty good	32	32	36	25	40	36	32	30	24	35	30	32	31
Only fair	4	4	7	*	7	3	4	7	6	3	4	3	4
Poor	1	*	3	-	1	1	*	*	1	*	1	*	1
Not sure	1	1	1	*	1	-	1	1	6	*	1	*	1
Have a friendly personality													
Excellent	60	61	52	71	51	70	58	58	57	60	61	61	60
Pretty good	34	34	39	27	42	27	37	32	38	35	33	33	34
Only fair	4	4	8	2	6	3	4	7	1	4	4	4	5
Poor	1	1	-	*	1	-	1	2	-	*	1	1	-
Not sure	1	*	1	*	*	-	*	1	4	*	*	*	*
Tell you about steps you could take to enjoy good health such as controlling your weight, getting enough exercise, and eating the right foods													
Excellent	52	52	53	63	43	50	53	53	42	50	56	54	53
Pretty good	33	34	30	29	38	35	33	33	38	35	31	35	32
Only fair	10	9	13	6	13	8	10	10	7	12	8	8	10
Poor	2	2	2	1	3	4	2	2	1	2	2	2	2
Not sure	3	3	2	2	2	3	3	1	11	1	3	1	4

(Continued)

Q.18b

Table 7 (Continued)
PHYSICIAN RATINGS: BY EXPERIENCE WITH PHYSICIANS

Base: Those with a usual doctor

	Total Adults 18 and Over	General Health		Usual MD Wants To:		Age of Usual MD			Years Seeing Usual MD			Different MD's Seen in Past Year	
		Positive	Negative	Help Patients	Help Patients and make Money	39 and Under	40-59 Years	60 and Over	Less Than 1 Year	At Least 1 but Less Than 6 Years	6 or more Years	1	2 or More
Base	1208	1072	130	613	546	219	791	183	79	502	614	500	457
	%	%	%	%	%	%	%	%	%	%	%	%	%
Understand your economic circumstances													
Excellent	44	45	37	56	33	37	44	51	32	44	46	47	42
Pretty good	38	38	36	32	45	42	38	31	33	38	38	36	40
Only fair	8	8	15	4	12	7	8	11	13	8	8	7	7
Poor	2	1	3	1	3	3	1	2	1	2	2	1	2
Not sure	8	8	9	7	9	10	8	5	21	8	7	9	9
Keep his or her medical fees reasonable													
Excellent	40	41	33	51	29	35	39	49	28	39	42	40	40
Pretty good	43	43	41	38	49	42	44	40	50	42	43	44	43
Only fair	12	11	18	7	16	15	12	8	9	15	10	12	11
Poor	2	2	5	*	3	3	2	1	-	1	3	1	2
Not sure	4	4	3	4	2	5	4	2	14	3	3	4	4

*Less than 0.5%.

I.3: WHY AMERICANS SOMETIMES DROP THEIR DOCTORS OUT OF DISSATISFACTION

Dropping doctors because of dissatisfaction is widespread; nearly 4 Americans in 10 (39%)—including an identical percentage of those who now have a usual doctor—have at some time stopped going to a particular doctor or changed doctors because they were dissatisfied (Table 8). Those most likely to drop or change physicians are:

- Americans between the ages of 25 and 64; the very young (18-24) and the very old (75 and over) are much less likely to have dropped or changed doctors out of dissatisfaction.
- Women, 44% of whom have dropped or changed doctors; only a third of men have done so.
- Suburban residents (42%); only 32% of the residents of towns and rural areas have dropped or changed doctors, reflecting either greater patient loyalty; fewer competing physicians, or both.
- Those who consider their health to be only fair or poor (50%); only 37% of those who consider themselves to be in good health have made a switch.
- Americans who think their usual doctor is interested both in helping patients and in making money (42%); only 37% of those who think their doctor is mainly interested in helping patients have switched.
- Patients who have ever been on drug therapy for a chronic condition (56%) and those who have ever regularly taken more than one prescription drug (48%); both groups are generally older and more likely to say that they're ill than Americans as a whole.

Without peer as a reason for dropping or changing doctors is the assertion that the doctor didn't spend enough time with the patient to diagnose the problem and prescribe effective treatment (Table 9)—an explanation offered most often by younger Americans, women, those from lower income households, those who consider themselves to be in only fair or poor health, and those who think their usual doctor is mainly interested in both helping patients and making money.

Other prominent reasons are:

- "The doctor didn't have a friendly personality," cited by 42% of all Americans who have ever dropped or changed doctors, particularly those 25-34 and women.
- "The doctor didn't answer questions honestly and completely," cited by 40% of all Americans who have ever dropped or changed doctors, particularly those with a low income and those who consider themselves to be in only fair or poor health.
- "The treatment the doctor prescribed didn't work," cited by 38% of all those who've dropped or switched doctors, particularly among those with a low income and those who consider themselves to be in only fair or poor health.
- "The doctor wasn't knowledgeable and competent," cited by 37% of those who have dropped or changed doctors, particularly those with a low income and those who consider themselves to be in only fair or poor health.

Fewer than one-third of those Americans who've dropped or changed doctors because they were dissatisfied cite as reasons the doctor's use of language they couldn't understand, the doctor not seeming up to date with new medical advances, a lack of respect from the doctor, the doctor not being available when needed, unreasonable fees, or a doctor's refusal to accept a second opinion from another doctor.

Observation:
However Americans feel about physicians' fees, it's clear from these findings that fees don't chase off patients but that doctors themselves do. While Americans as a whole rate their doctor well on spending enough time with them, the perceived lack of attention from doctors is the number-one reason that those who have dropped or changed doctors have done so. The other leading complaints go to the heart of a doctor's willingness or ability to communicate well with patients; even the concern patients show about the competence of doctors and the effectiveness of treatment could be minimized or eliminated through more effective communication.

Q.23

Table 8

WHETHER AMERICANS HAVE EVER CHANGED DOCTORS BECAUSE OF DISSATISFACTION

Q.: Have you ever stopped going to a particular doctor or changed doctors on your own because you were dissatisfied in any way, or haven't you?

	Total Adults 18 and over	Age						Sex		Size of Place			General Health		Usual MD Wants To:		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	75 and Over	Male	Female	Central City	Balance SMSA	Non-SMSA	Positive	Negative	Help Patients	Help Patients and Make Money		
Base	1501	220	346	419	304	145	67	686	815	457	673	371	1334	160	613	546	342	368
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Have stopped going to a doctor or changed doctors	39	26	44	43	44	33	16	33	44	38	42	32	37	50	37	42	56	48
Have not stopped going to a doctor or changed doctors	61	73	56	57	56	66	84	67	56	62	57	68	62	50	63	58	44	52
Not sure	*	1	-	-	-	1	-	*	*	*	*	-	*	-	-	*	*	*

*Less than 0.5%

Q.24

Table 9
WHY AMERICANS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

Q: I'm going to read a list of reasons people sometimes give for getting so dissatisfied that they stop going to a doctor or change doctors. For each, please tell me if this has ever been a reason for you, or if it hasn't been a reason.

	Total Adults 18 and Over	Age		Sex		Income		General Health		Usual MD Wants To:		Different MD's Seen in Past Year	
		25-34 Years	50-64 Years	Male	Female	$7,501 to $15,000	$25,001 to $35,000	Positive	Negative	Help Patients	Help Patients and Make Money	1	2 or More
Base	586	153	132	226	360	111	110	504	78	226	227	208	275
	%	%	%	%	%	%	%	%	%	%	%	%	%
The doctor didn't spend enough time with you to diagnose your problem and prescribe effective treatment													
Has been a reason	51	57	46	44	56	56	49	49	64	48	53	46	56
Has not been a reason	48	43	52	55	43	44	51	50	35	52	46	53	43
Not sure	1	*	1	1	1	*	1	1	1	*	1	1	1
The doctor didn't have a friendly personality													
Has been a reason	42	52	34	34	47	40	44	43	32	44	39	46	39
Has not been a reason	58	48	65	65	53	60	56	56	68	55	61	54	61
Not sure	*	-	*	*	-	-	-	*	-	*	-	*	-
The doctor didn't answer your questions honestly and completely													
Has been a reason	40	42	35	38	42	45	41	37	64	38	39	36	45
Has not been a reason	59	58	64	62	58	55	59	62	36	62	61	64	54
Not sure	*	-	-	*	*	-	-	*	1	-	1	-	1
The treatment the doctor prescribed didn't work													
Has been a reason	38	38	37	41	35	46	31	34	60	37	32	34	37
Has not been a reason	62	62	63	58	65	52	69	65	40	62	68	66	62
Not sure	*	-	-	1	-	2	-	*	-	1	-	-	1
The doctor wasn't knowledgeable and competent to treat your illness													
Has been a reason	37	35	37	38	36	44	36	36	45	30	36	36	36
Has not been a reason	61	64	61	60	62	53	62	63	50	69	62	62	62
Not sure	2	1	2	2	2	4	2	1	5	1	2	2	1

(Continued)

Q.24

Table 9 (Continued)
WHY AMERICANS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

	Total Adults 18 and Over	Age		Sex		Income		General Health		Usual MD Wants To:		Different MD's Seen in Past Year	
		25-34 Years	50-64 Years	Male	Female	$7,501 to $15,000	$25,001 to $35,000	Positive	Negative	Help Patients	Help Patients and Make Money	1	2 or More
Base	586	153	132	226	360	111	110	504	78	226	227	208	275
	%	%	%	%	%	%	%	%	%	%	%	%	%
The doctor didn't explain your medical problems to you in language you could understand													
Has been a reason	30	32	29	27	33	31	30	30	33	25	35	30	29
Has not been a reason	69	68	70	73	67	69	69	70	67	75	65	70	70
Not sure	*	-	-	-	*	-	1	*	-	-	*	-	*
The doctor didn't seem up to date with new medical advances													
Has been a reason	29	38	26	29	29	27	24	29	28	21	35	34	27
Has not been a reason	69	61	71	69	70	71	75	70	67	78	64	66	71
Not sure	1	1	2	2	1	2	1	1	5	1	1	1	2
The doctor didn't treat you with respect													
Has been a reason	27	34	21	28	27	28	27	28	24	28	23	27	28
Has not been a reason	72	66	79	72	73	72	72	72	76	72	77	73	72
Not sure	*	-	-	1	-	-	1	*	-	1	-	1	-
The doctor wasn't always available when you needed him or her													
Has been a reason	27	30	26	23	30	27	26	25	36	23	29	25	27
Has not been a reason	73	70	73	77	70	73	74	74	64	76	71	75	73
Not sure	*	-	*	-	*	-	*	*	-	*	*	-	*
The doctor's fees weren't reasonable													
Has been a reason	25	33	23	21	28	25	25	24	29	18	29	27	25
Has not been a reason	74	67	75	79	72	75	74	75	71	82	70	73	75
Not sure	*	1	1	-	1	-	1	*	-	-	1	*	*
The doctor refused to accept a second opinion from another doctor on some medical decision affecting you													
Has been a reason	10	9	9	10	10	15	8	9	19	10	10	10	11
Has not been a reason	89	91	91	90	89	85	92	91	81	90	89	89	89
Not sure	*	-	-	*	*	*	-	*	-	-	1	*	*

*Less than 0.5%.

I.4: ISSUES IN DOCTOR-PATIENT RELATIONSHIPS

How Doctors and Patients Make Decisions About Different Types of Treatment

How doctors and patients arrive at treatment decisions is a crucial aspect of the doctor-patient relationship; for American's primary care physicians, the report from their patients is sobering.

It must be noted that patients have a clear idea of how they think the process should work (Table 10). Majorities believe that doctors and patients should agree together on the course of treatment in each of the four areas tested.

Nearly 8 Americans in 10 (79%) feel that doctor and patient should agree on a decision that the patient undergo surgery, a belief held somewhat more strongly by younger Americans and somewhat less strongly by older Americans; 11% feel the patient alone should make the decision, and only 7% think the doctor alone should decide.

More than 7 Americans in 10 (71%) think doctor and patient should agree on a planned exercise program; 15% feel the patient alone should decide, and 12% opt for the doctor to decide alone.

More than 6 Americans in 10 (63%) want doctor and patient to agree on plans for a restricted diet, a view held most strongly by younger Americans, college graduates, and those who say their usual doctor is under 40. A quarter would leave the decision up to the doctor, while a scant 9% of all Americans feel the patient alone should make such a decision.

A narrow 51% majority of all Americans think doctor and patient should be in agreement on a decision to use a prescription drug, while fully 42% want the doctor alone to make the decision. Only 5% of all Americans feel patients should venture such a decision on their own. Scarcely a third of those Americans between the ages of 65 and 74, however, think doctor and patient should be in agreement on a decision to use a prescription drug; fully 56% of these elderly Americans think a drug decision should be the sole province of the doctor.

The bad news is that patients with a usual doctor who've been faced with these decisions report considerably less doctor-patient agreement in the decision-making process than Americans as a whole feel would be desirable (Table 11). What's happening instead is either that the doctor alone is making the decision more often than Americans think he or she should, or that patients are left alone to make a decision when they'd really prefer to reach agreement with their doctor.

Seventy-nine percent of all Americans think doctors and patients should be in agreement on having surgery, but only 63% of those with a usual doctor who've faced a decision about surgery say it works out this way. Only 7% of all Americans say the doctor should make the decision alone, but 15% of those with experience say the doctor alone actually makes the decision. Only 11% of all Americans think the patient alone should decide, but 19% of those who have been faced with such a decision find themselves deciding alone when a decision is actually made.

Sixty-three percent of all Americans think doctors and patients should be in agreement on a restricted diet, but scarcely more than half of those who've faced such a decision say that it's made this way. Nearly 3 in 10 (29%) of those with experience say the doctor makes the decision for them, compared with only a quarter of all Americans who think the doctor should decide alone. Fully 18% of the experienced group make their own decision, double the proportion of Americans who think patients should make their own decision on a restricted diet.

More than 7 Americans in 10 (71%) think physicians and patients should agree on an exercise program, but scarcely more than half (54%) of those who've been faced with this decision say they and their doctors actually make such decisions together. One in five of the experienced group say the doctor makes the decision alone, while only 12% of Americans overall think the doctor alone *should* make such a decision. And 22% of the experienced group find *themselves* making the decision, while only 15% of all Americans think such a decision should fall to the patient alone.

Prescription drug decisions are subject to the narrowest spread between expectation and experience of the four cases tested; 51% of all Americans think doctors and patients should agree on drug decisions, and 44% of those who've faced such a decision say it works out that way. The difference is accounted for by a slight and almost equal increase in the percentage who find the doctor makes the decision alone and the percentage who find themselves making the decision alone.

Observation:

In almost every case, the proportion of people who think doctors and patients should agree on treatment decisions is greater than the proportion of patients who have been faced with such decisions who say they actually arrive at these decisions through agreement. This gap is made up almost equally of physicians dictating treatments, on the one hand, and patients making treatment decisions on their own, on the other. So while neither doctor nor patient alone can be faulted for the gap, both have an interest in and a responsibility for trying to close it.

Q.19a

Table 10

HOW DOCTORS AND PATIENTS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made—should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

	Total Adults 18 and Over	Age		Sex		Education		Age of Usual MD			Ever Stopped Going to or Changed MD
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	39 and Under	40-59 Years	60 and Over	
Base	1501	346	145	686	815	542	356	219	791	183	586
	%	%	%	%	%	%	%	%	%	%	%
Using a prescription drug											
Doctor should make the decision	42	30	56	44	40	43	38	41	43	47	38
Patient should make the decision	5	9	6	5	6	6	7	4	5	2	6
Doctor and patient should agree	51	61	34	49	52	51	54	52	50	48	54
Patient alone should decide without information from doctor (vol.)	1	*	2	1	1	*	1	1	1	-	1
Not sure	1	*	2	1	1	1	1	1	1	2	1
A restricted diet											
Doctor should make the decision	25	19	39	25	25	26	18	18	26	25	24
Patient should make the decision	9	12	8	9	9	8	12	7	9	13	9
Doctor and patient should agree	63	68	45	62	63	63	68	71	61	61	64
Patient alone should decide without information from the doctor (vol.)	2	1	2	1	2	1	1	2	2	1	2
Not sure	2	*	6	2	2	2	1	1	2	1	1

(Continued)

Q.19a

Table 10 (Continued)

HOW DOCTORS AND PATIENTS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

	Total Adults 18 and Over	Age		Sex		Education		Age of Usual MD			Ever Stopped Going to or Changed MD
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	39 and Under	40-59 Years	60 and Over	
Base	1501	346	145	686	815	542	356	219	791	183	586
	%	%	%	%	%	%	%	%	%	%	%
An exercise program											
Doctor should make the decision	12	8	19	12	11	12	7	10	9	14	9
Patient should make the decision	15	20	13	15	15	15	19	17	15	14	17
Doctor and patient should agree	71	72	62	70	71	70	74	71	72	70	71
Patient alone should decide without information from the doctor (vol.)	1	*	1	2	1	1	*	2	2	1	2
Not sure	1	*	4	1	1	1	*	-	1	1	1
Having surgery											
Doctor should make the decision	7	5	14	9	6	7	8	7	7	8	6
Patient should make the decision	11	11	10	13	9	14	12	10	10	8	14
Doctor and patient should agree	79	83	72	74	82	78	77	80	80	82	77
Patient alone should decide without information from the doctor (vol.)	1	*	2	2	1	1	-	2	2	1	1
Not sure	2	2	3	2	1	1	2	1	1	1	2

*Less than 0.5%.

Q.19a, 19c

Table 11
HOW DOCTORS AND PATIENTS MAKE DECISIONS ABOUT TREATMENT

Q: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made—should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree on what will be done?

Q: In your experience, when it comes to making a decision about (READ EACH ITEM), how do you find a decision *is* actually made—does your doctor make the decision alone, or do you make the decision based on information from your doctor, or do you and your doctor agree together on what will be done?

	Total Adults 18 and Over						Adults 18 and Over With a Usual Doctor Who Have Been Faced With This Decision					
	Base	Doctor Should Make the Decision	Patient Should Make the Decision	Doctor and Patient Should Agree	Patient Alone Should Decide Without Information From Doctor (Vol.)	Not Sure	Base	Doctor Makes the Decision	Patient Makes the Decision	Doctor and Patient Agree	Patient Makes Decision Alone (Vol.)	Not Sure
		%	%	%	%	%		%	%	%	%	%
Having surgery	1501	7	11	79	1	2	456	15	19	63	2	2
An exercise program	1501	12	15	71	1	1	205	20	22	54	4	1
A restricted diet	1501	25	9	63	2	2	334	29	18	51	1	1
Using a prescription drug	1501	42	5	51	1	1	612	45	9	44	1	1

*Less than 0.5%.

I.5: ISSUES IN DOCTOR-PATIENT RELATIONSHIPS: PRESCRIPTION DRUG COMPLIANCE

Most Americans consider themselves faithful drug compliers; nearly 6 in 10 (59%) say they always take prescription drugs exactly as the doctor has instructed (Table 12).

Yet fully 4 in 10 admit that they don't always take prescription drugs as instructed. This total comprises 36% of all Americans who say they follow the doctor's instructions "most of the time" and 4% who concede that they're in compliance "only some of the time."

Noncompliers tend to be:

- *Younger Americans;* fully 48% of those between the ages of 18 and 24 admit to following the doctor's instructions most of the time (instead of always). Indeed, Americans under 49 tend to be noncompliers while those 50 and over shift sharply toward compliance. More than 8 Americans in 10 (81%) between the ages of 65 and 74, for example, say they always comply with the doctor's instructions on using a prescription drug.
- *Men,* although the difference between men and women is less than the difference between older and younger Americans; 62% of women, but only 56% of men, say they always follow instructions.
- *College graduates,* who are perceptibly less likely than either high school graduates or all Americans to say they always follow instructions and are more likely than either group to say they follow directions most of the time.
- *High income Americans;* although those with a household income of $35,000 to $50,000 vary only insignificantly from all Americans, only 48% of those with incomes of $50,001 or more say they always comply; 43% of this group say they follow the doctor's instructions most of the time.

Noteworthy as good compliers are those Americans who have ever been on prescription drug therapy for a chronic health problem (64% of whom say they always comply) and those who have ever taken more than one prescription drug regularly at the same time (62% of whom say they always comply.)

Observation:
Whether the noncomplier groups are actually less compliant or simply more prone to assert their independence is a matter of debate. At the very least these findings indicate that drug noncompliance is widespread—and that physicians need to make a special effort to encourage compliance on the part of their more independent or assertive patients.

Taking a little less of a prescription drug or taking it less frequently than the doctor instructed are by far the most common forms of drug noncompliance; 82% of those who concede that they don't always follow instructions say they are most likely to fall into this category (Table 13). Only 9% of noncompliers say they're most likely to take a little more of the drug or to take it more frequently; 7% of noncompliers volunteer that their behavior depends on the circumstances. Undercompliance varies imperceptibly by age, by whether or not a patient has ever been on long-term drug therapy or has ever taken more than one prescription drug regularly, and by whether or not a patient is insured for at least part of the cost of prescription drugs. Women, however, are significantly more likely to be undercompliers than men.

Why people take less medicine or take it less frequently turns out to have little to do with the cost of the drug, the physician's instructions, or a disagreement between doctor and patient—and everything to do with human nature (Table 14).

By 76-22% undercompliers say that *feeling better* is very or somewhat close to their own reason for taking less medicine, or taking it less frequently, than prescribed.

By 63-36% undercompliers say that simply forgetting to take their medicine is very or somewhat close to the explanation they would give for their undercompliance.

A significant minority (46%) say that concern about negative side effects is at least somewhat close to their own reason for undercompliance, and 38% can relate to a concern that the medicine may not actually be working. But fewer than a third of all undercompliers say that each of the five other possible reasons tested describes their own reason.

Observation:
While widespread, drug noncompliance may be considerably less mysterious than it often seems. Certainly it appears more prevalent among younger Americans than among the elderly or those who depend on drugs in the treatment of a chronic condition. And younger Americans are substantially more likely than older ones to explain undercompliance in terms of feeling better or simply forgetting.

It would be too simple to reduce the drug compliance issue to indifference or forgetfulness on the part of younger Americans. To be sure, there are important issues in drug compliance among patients with chronic conditions, as reported in sections II.1 through II.4. But special efforts on the part of physicians to encourage compliance by their younger patients is clearly a high priority.

Q.26

Table 12

SELF-REPORTED COMPLIANCE WITH INSTRUCTIONS FOR TAKING A PRESCRIPTION DRUG

Q: When you have a medicine that your doctor has precsribed for you, how often do you take it *exactly* according to the instructions, in the dosages and frequencies that your doctor has prescribed—always, most of the time, only some of the time, or never?

	Total Adults 18 and Over	Age		Sex		Education		Income		Usual MD Wants To:		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Different MD's Seen in Past Year	
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	$7,501 to $15,000	$15,001 to $50,000	Help Patients	Help Patients and Make Money			1	2 or More
Base	1501	346	145	686	815	542	356	279	171	613	546	342	368	580	548
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Always	59	53	81	56	62	60	56	64	60	65	55	64	62	61	58
Most of the time	36	40	15	38	34	35	39	31	37	31	42	33	36	36	38
Only some of the time	4	6	3	5	3	3	3	4	3	3	3	3	2	2	4
Never	*	-	2	*	*	1	*	-	-	*	-	*	*	*	*
Not applicable (vol.)	1	1	-	1	*	1	1	1	-	1	1	-	-	*	*
Not sure	*	*	-	*	-	-	*	-	-	-	-	-	-	-	-

**Less than 0.5%.*

Q.27

TABLE 13
WHETHER DRUG NONCOMPLIERS ARE LIKELY TO TAKE MORE OR LESS THAN INSTRUCTED

Base: Those who do not always take prescription drugs exactly as instructed

Q: It's not unusual for people not to follow exactly a doctor's instructions about a drug. In your own case, are you most likely to take a little *more* medicine or to take it somewhat *more* frequently than your doctor prescribed, or are you most likely to take a little *less* medicine or to take it somewhat *less* frequently than your doctor prescribed?

	Total Adults 18 and Over	Age		Sex		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs
		24-34 Years	50-64 Years	Male	Female			
Base	589	167	94	292	297	121	138	368
	%	%	%	%	%	%	%	%
Most likely to take a little more or more frequently	9	14	2	12	7	7	11	10
Most likely to take a little less or less frequently	82	80	83	76	87	85	82	83
It depends (vol.)	7	4	7	9	5	7	6	6
Not sure	2	2	7	3	1	1	1	2

Q.28

Table 14
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE

Base: Those who do not always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

Q: I'd like to read you some reasons people give for why they take less medicine, or take it less frequently, than their doctor has prescribed. For each, please tell me if it describes your reason very closely, somewhat closely, not very closely, or not closely at all.

	Total Adults 18 and Over	Age		Sex		Education		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs
		25-34 Years	50 and Over	Male	Female	High School Graduate	College Graduate			
Base	477	136	105	218	259	166	124	100	115	305
	%	%	%	%	%	%	%	%	%	%
You felt better										
Very closely	44	45	38	42	46	44	44	40	42	47
Somewhat closely	32	36	22	31	32	29	31	26	24	29
Not very closely	7	7	8	6	7	8	8	7	7	7
Not closely at all	15	13	21	18	12	16	17	20	23	14
Not sure	3	-	9	2	3	3	1	7	4	3
You just forget										
Very closely	35	38	26	34	37	31	37	37	40	35
Somewhat closely	28	25	32	27	29	30	29	25	26	29
Not very closely	10	13	15	10	10	9	11	6	9	9
Not closely at all	26	24	24	29	23	30	22	31	23	26
Not sure	1	-	2	1	1	-	1	2	2	*
You're concerned about negative side effects										
Very closely	19	19	23	14	24	23	20	25	23	19
Somewhat closely	27	30	22	26	28	21	34	25	31	29
Not very closely	15	17	14	16	13	12	15	11	10	14
Not closely at all	39	33	36	44	34	43	30	40	36	38
Not sure	1	-	3	*	1	1	1	-	*	-

(Continued)

Q.28

Table 14 (Continued)
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE

Base: Those who do not always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

	Total Adults 18 and Over	Age		Sex		Education		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs
		25-34 Years	50 and Over	Male	Female	High School Graduate	College Graduate			
Base	477	136	105	218	259	166	124	100	115	305
	%	%	%	%	%	%	%	%	%	%
You're concerned about how this medicine will interact with other medicines you're taking										
Very closely	16	13	28	15	17	20	14	16	13	18
Somewhat closely	15	13	15	16	14	14	14	14	23	12
Not very closely	14	20	7	12	15	12	13	19	15	15
Not closely at all	54	54	46	56	53	55	58	52	49	54
Not sure	1	-	3	1	1	-	1	-	-	1
You're not sure the medicine is actually working										
Very closely	13	12	18	15	11	17	5	13	15	13
Somewhat closely	25	27	21	25	24	21	29	18	24	23
Not very closely	14	20	11	13	14	14	15	17	9	15
Not closely at all	46	40	42	44	49	43	49	49	50	47
Not sure	3	2	9	3	3	5	2	3	2	3
Your doctor didn't emphasize the importance of taking this medicine exactly as he or she asked										
Very closely	12	8	16	13	12	15	8	9	13	10
Somewhat closely	20	13	16	22	19	23	22	9	15	21
Not very closely	18	23	15	18	18	11	24	18	18	19
Not closely at all	48	54	47	47	49	50	46	62	53	48
Not sure	2	1	7	1	2	2	1	1	1	1

(Continued)

Q.28

Table 14 (Continued)
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE

Base: Those who do not always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

	Total Adults 18 and Over	Age		Sex		Education		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs
		25-34 Years	50 and Over	Male	Female	High School Graduate	College Graduate			
Base	477	136	105	218	259	166	124	100	115	305
	%	%	%	%	%	%	%	%	%	%
The medicine is too expensive										
Very closely	10	8	15	8	11	14	4	6	12	7
Somewhat closely	12	13	8	11	14	12	8	8	9	11
Not very closely	16	21	12	18	14	15	20	16	11	16
Not closely at all	62	58	64	63	61	59	68	69	67	66
Not sure	*	-	1	-	1	-	-	1	1	*
You didn't agree with your doctor's diagnosis or advice										
Very closely	9	10	15	11	7	11	7	8	9	9
Somewhat closely	14	17	13	15	12	14	8	3	10	13
Not very closely	15	17	11	16	15	16	18	15	17	17
Not closely at all	59	56	55	56	62	55	66	71	63	60
Not sure	3	1	7	1	4	4	2	3	2	2
You take so many medicines you can't remember which ones and how much you're supposed to take										
Very closely	6	6	9	6	6	6	5	5	7	6
Somewhat closely	5	3	10	7	4	5	1	5	7	3
Not very closely	9	11	13	9	9	9	12	13	15	10
Not closely at all	78	79	64	77	80	77	82	76	70	78
Not sure	2	1	4	1	2	2	-	-	1	2

*Less than 0.5%.

I.6: SUPPLEMENTAL REPORT: THE DEPTH OF AMERICANS' INVOLVEMENT WITH THE HEALTH CARE SYSTEM AND THEIR OWN DOCTORS

Americans' Usual Place of Care

Nearly 8 Americans in 10 (78%) say they have a person or place in particular to whom or which they usually go when they're sick or want advice about their health (Table 15). Older Americans and women are the most likely to have a usual place of care. More than three-quarters (77%) of those with a usual place of care identify it as a doctor's office; 15% cite a clinic and 5% a hospital emergency room (Table 16).

The Extent of Americans' Contact With Physicians

Three-quarters of all adult Americans have seen a doctor about their health in the past year, not counting any hospitalization; more than 1 in 5 have seen a doctor at least four times (Table 17). Older Americans and women tend to see a doctor most often. And a quarter of all adults have called a physician at some time in the past year without actually seeing one at that time (Table 18).

A slim majority (51%) of those adults who've seen a doctor in the past year have seen only one doctor; 30% have seen two doctors, and 19% have seen three or more (Table 19). Americans who consider their own health to be only fair or poor are most likely to have seen more than one physician in the past year.

One-third of those adults who've seen a doctor in the past year have seen what they consider to be a medical specialist, an incidence that rises dramatically by income but not by age (Table 20). The specialists seen most often: gynecologists, surgeons, cardiologists, dermatologists, ophthalmologists, and otorhinolaryngologists (Table 21).

Q.4

Table 15
WHETHER AMERICANS HAVE A USUAL PLACE FOR HEALTH CARE

Q: Is there one person or place in particular you usually go to when you are sick or want advice about your health, or isn't there?

	Total Adults 18 and Over	Age					Income						Sex	
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or Over	Male	Female
Base	1501	220	346	419	304	145	192	279	307	267	171	138	686	815
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Yes, there is a usual person or place	78	69	72	82	85	89	75	76	79	80	79	81	72	84
No, there is not a usual person or place	21	31	28	18	15	10	25	24	20	20	21	19	28	15
Not sure	*	-	-	*	-	1	-	*	-	-	-	1	*	*

*Less than 0.5%.

Q.5

Table 16
AMERICANS' USUAL PLACE OF CARE

Q: Where do you usually go—to a doctor's office, a clinic, a hospital emergency room, or some other place?

	Adults 18 and Over	Sex		Race			Income						Size of Place		
		Male	Female	White	Black	Hispanic	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or Over	Central City	Balance SMSA	Non-SMSA
Base	1177	492	685	986	104	87	146	214	243	215	136	110	358	533	286
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Doctor's office	77	72	82	80	58	70	72	76	79	79	74	80	73	79	80
Clinic	15	18	13	14	22	20	19	17	12	17	18	12	16	14	16
Hospital emergency room	5	6	3	3	18	8	6	5	4	3	5	6	8	3	2
Other	2	2	1	2	-	-	3	2	2	1	2	-	2	1	2
Not sure	*	*	*	*	-	-	*	*	-	*	1	-	-	1	-

*Less than 0.5%.

Q.6b

Table 17
NUMBER OF DOCTOR VISITS IN THE PAST YEAR

Q: How many *times* have you seen a doctor about your health during the past year, not counting any hospitalization?

	Total Adults 18 and Over	Age					Sex	
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female
Base	1501	220	346	419	304	145	686	815
	%	%	%	%	%	%	%	%
None	25	23	29	27	23	17	32	18
1 time	26	30	23	28	23	23	28	24
2 to 3 times	27	30	28	25	26	25	24	30
4 to 6 times	12	7	10	11	14	26	11	13
7 to 10 times	4	5	4	4	4	*	2	5
More than 10 times	6	4	6	5	8	8	4	8
Not sure	1	1	-	*	1	*	*	1

**Less than 0.5%.*

Q.6a

Table 18
WHETHER AMERICANS HAVE CALLED A DOCTOR IN THE PAST YEAR

Q: Have you *called* a doctor about a health problem in the past year without actually *seeing* the doctor, or haven't you?

	Total Adults 18 and Over	Sex		Income						Has Usual MD	Age of Usual MD		
		Male	Female	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or Over		39 and Under	40-59 Years	60 and Over
Base	1501	686	815	192	279	307	267	171	138	1208	219	791	183
	%	%	%	%	%	%	%	%	%	%	%	%	%
Yes, have called	25	23	27	22	22	22	24	37	30	28	34	26	29
No, have not called	74	77	72	78	77	78	75	63	70	72	66	73	71
Not sure	*	*	1	*	*	*	1	-	1	*	*	*	-

Less than 0.5%.

Q.7

Table 19
NUMBER OF DIFFERENT DOCTORS SEEN IN THE PAST YEAR

Base: Those who have seen a doctor about their health at least once during the past year

Q: Not counting any hospitalization, how many *different* doctors would you say you've seen in the past year?

	Total Adults 18 and Over	Age					Sex		General Health	
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female	Positive	Negative
Base	1134	166	251	314	232	119	470	664	1000	128
	%	%	%	%	%	%	%	%	%	%
1	51	53	49	47	54	49	54	48	53	33
2	30	25	29	35	31	29	28	31	31	23
3 or more	19	21	22	18	15	19	17	20	16	44
Not sure	*	-	1	*	-	2	1	*	*	-

**Less than 0.5%.*

Q.8

Table 20
WHETHER AMERICANS HAVE SEEN A MEDICAL SPECIALIST IN THE PAST YEAR

Base: Those who have seen a doctor about their health at least once during the past year

Q: Not counting any hospitalization, have you seen a medical specialist for any type of medical problem in the past year, or haven't you?

	Total Adults 18 and Over	Sex		Income					
		Male	Female	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or Over
Base	1134	470	664	145	201	246	208	135	98
	%	%	%	%	%	%	%	%	%
Have seen a specialist	33	29	36	35	32	27	26	40	47
Have not seen a specialist	67	70	64	64	68	73	74	58	53
Not sure	*	*	*	*	-	-	-	2	-

**Less than 0.5%.*

Q.10

Table 21
TYPES OF SPECIALIST SEEN IN THE PAST YEAR

Base: Those who have seen a specialist

Q: What type of medical specialist did you see? What others?

	Total Adults 18 and Over	Age					Heart Patients 18 and Over	Ar-thritics 18 and Over	Depres-sives 18 and Over	Ulcer Patients 18 and Over	Diabetics 18 and Over
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years					
Base	**368**	**45**	**83**	**113**	**75**	**37**	**97**	**54**	**22**	**19**	**7**
	%	%	%	%	%	%	%	%	%	%	%
Gynecologist	25	19	40	34	10	8	10	22	36	18	13
Surgeon	16	17	9	17	20	19	16	27	13	18	-
Cardiologist	12	8	3	13	21	20	31	10	7	6	-
Dermatologist	10	11	14	5	8	22	9	4	22	15	13
Opthalmologist	9	5	8	9	10	16	12	11	4	-	25
Otorhinolaryngologist	8	6	8	7	8	14	5	4	16	9	-
Neurologist	7	9	5	9	8	2	6	19	11	18	-
Rheumatologist	6	3	1	5	11	8	6	21	-	-	-
Urologist	5	-	5	5	6	11	7	6	16	-	6
Gastroenterologist	4	4	6	5	1	3	3	6	7	21	-
Allergist	3	2	1	7	-	-	2	4	7	-	31
Endocrinologist	3	-	1	5	3	-	5	-	4	-	-
Obstetrician	3	6	6	1	-	-	-	-	-	-	-
Diabetologist	1	-	-	1	2	3	-	3	-	-	38
Psychiatrist	1	-	3	-	3	-	*	2	7	-	-
Other	20	23	29	15	16	28	5	-	2	3	-
Not sure	2	3	1	1	3	-	5	-	2	3	-

**Less than 0.5%.*

Americans' Usual Doctors

More than three-quarters (76%) of all adults have one particular doctor whom they consider to be their usual doctor for most of their health problems, a figure that rises to 85% among those between the ages of 65 and 74 (Table 22). Women are much more likely than men to have what they consider to be a usual doctor; higher income Americans are somewhat more likely than those with lower incomes to say they have one. Additionally, 20% of those who say they don't have a usual doctor do have a particular doctor to whom they'd go in an emergency — meaning that more than 8 Americans in 10 in fact have a usual doctor either for regular care or for situations in which they require prompt medical attention. Nearly a quarter (23%) of those with a usual doctor (or a doctor to whom they'd go in an emergency) selected the doctor on the basis of a referral from another physician (Table 23); one-third selected their usual doctor originally because they were ill and needed immediate medical care (Table 24).

For the vast majority of those with a usual doctor (82%) the doctor is perceived by patients as a "general doctor"—meaning in all probability a doctor whose specialty is family or general practice or internal medicine (Table 25). Yet fully 17% say their usual doctor is a specialist, mentioning most frequently gynecologists, cardiologists, surgeons, and obstetricians (Table 26).

Just over half (51%) of all Americans with a usual doctor say their doctor is 49 or younger; the perceived age of the usual physician rises dramatically with the patient's age (Table 27). Ninety-five percent of those with a usual doctor say that doctor is a man (Table 28). Women, not surprisingly, are more likely than men to have a woman as their usual physician. More than a quarter (26%) of those with a usual doctor have been seeing this doctor less than three years, 23% have been seeing their usual doctor for at least three but less than six years, and fully 51% have been seeing their usual doctor for six years or more (Table 29). Older Americans, of course, have been seeing their usual doctor longer, younger ones for a shorter period. Americans who've dropped or changed doctors because of dissatisfaction have, on average, been seeing their current doctor for only slightly less time than all Americans with a usual doctor.

Q.11a

Table 22
WHETHER AMERICANS HAVE A USUAL DOCTOR

Q: Is there one particular doctor you consider your usual doctor for most of your health problems, or isn't there?

	Total Adults 18 and Over	Age					Sex		Income					
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 0r Over
Base	1501	220	346	419	304	145	686	815	192	279	307	267	171	138
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Is one particular doctor	76	72	68	80	81	85	70	82	68	73	78	77	81	79
Is not one particular doctor	23	27	32	20	19	15	30	18	32	27	21	23	18	21
Not sure	*	*	-	-	-	-	-	*	-	-	*	-	-	-

*Less than 0.5%.

Q.17a

Table 23

WHETHER AMERICANS ORIGINALLY SELECTED THEIR USUAL DOCTOR BY REFERRAL FROM ANOTHER DOCTOR

Base: Those with a usual doctor

Q: Did you originally select your doctor because you were referred to him or her by another doctor, or didn't you?

	Total Adults 18 and Over	Sex		Income						Length of Community Residence			Sees Specialist for Regular Care
		Male	Female	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 or Over	Less Than 1 Year	At Least 1 Year But Less Than 6 Years	6 Years or More	
Base	1208	507	701	139	219	253	214	144	116	58	243	902	208
	%	%	%	%	%	%	%	%	%	%	%	%	%
Referred	23	21	24	23	19	23	22	26	26	20	20	23	36
Not referred	76	78	75	76	80	75	78	74	72	71	80	75	62
Not sure	1	1	1	*	1	2	-	-	2	-	1	1	2

**Less than 0.5%.*

Q.17b

Table 24

WHETHER AMERICANS ORIGINALLY SELECTED THEIR USUAL DOCTOR BECAUSE THEY NEEDED IMMEDIATE CARE

Base: Those with a usual doctor

Q: Did you originally select your doctor because you were ill and needed immediate medical care, or didn't you?

	Total Adults 18 and Over	Age					Sex		Income					
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female	$7,500 or Less	$7,501 to $15,000	$15,001 to $25,000	$25,001 to $35,000	$35,001 to $50,000	$50,001 Or Over
Base	1208	168	252	346	256	129	507	701	139	219	253	214	144	116
	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Selected because ill	33	28	31	31	40	40	28	38	42	41	34	29	30	22
Did not select because ill	65	71	69	67	59	57	71	61	58	57	64	70	68	78
Not sure	1	2	-	2	1	4	1	1	*	2	2	*	1	-

**Less than 0.5%.*

Q.11c

Table 25
WHETHER USUAL DOCTOR IS A GENERALIST OR A SPECIALIST

Base: Those with a usual doctor

Q: Is that doctor a general doctor, or a specialist?

	Total Adults 18 and Over	Age					Sex		General Health	
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Male	Female	Positive	Negative
Base	1208	168	252	346	256	129	507	701	1072	130
	%	%	%	%	%	%	%	%	%	%
General doctor	82	87	79	79	82	83	84	80	83	73
Specialist	17	11	21	21	16	14	14	20	16	25
Not sure	1	*	1	*	1	3	1	*	1	1

**Less than 0.5%.*

Q.11d

Table 26
SPECIALTIES OF THOSE SPECIALISTS WHO SERVE AS USUAL DOCTOR

Base: Those with a usual doctor who is a specialist

Q: What type of medical specialist is your doctor?

	Total Adults 18 and Over
Base	368
	%
Gynecologist	25
Cardiologist	21
Surgeon	9
Obstetrician	5
Endocrinologist	3
Rheumatologist	3
Diabetologist	2
Gastroenterologist	2
Neurologist	2
Urologist	2
Psychiatrist	1
Allergist	*
Dermatologist	-
Opthalmologist	-
Otorhinolaryngologist	-
Other	18
Not sure	4

**Less than 0.5%.*

Q.12

Table 27
ESTIMATED AGE OF USUAL DOCTOR

Base: Those with a usual doctor

Q: About how old would you say your doctor is?

	Total Adults 18 and Over	Age				
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years
Base	1208	168	252	346	256	129
	%	%	%	%	%	%
Under 30	1	2	1	-	*	-
30-39 years	18	25	25	16	13	11
40-49 years	32	32	32	38	27	30
50-59 years	33	30	31	32	37	38
60-69 years	12	10	8	12	17	16
70 or over	2	*	3	2	2	4
Not sure	1	1	1	*	3	2

**Less than 0.5%*

Q.13

Table 28
SEX OF USUAL DOCTOR

Base: Those with a usual doctor

Q: Is your doctor a man or a woman?

	Total Adults 18 and Over	Sex	
		Male	Female
Base	1208	507	701
	%	%	%
Man	95	97	94
Woman	5	3	6

Q.14

Table 29
HOW LONG AMERICANS HAVE BEEN SEEING THEIR USUAL DOCTOR

Base: Those with a usual doctor

Q: How long have you been seeing your doctor?

	Total Adults 18 and Over	Age					Length of Community Residence			Ever Stopped Going to or Changed MD
		18-24 Years	25-34 Years	35-49 Years	50-64 Years	65-74 Years	Less Than 1 Year	1 Year But Less Than 6 Years	6 Years or More	
Base	1208	168	252	346	256	129	58	243	902	478
	%	%	%	%	%	%	%	%	%	%
Less than 1 year	6	5	9	4	7	6	16	8	5	8
At least 1 year but less than 3 years	20	26	22	17	17	16	39	27	16	23
At least 3 years but less than 6 years	23	24	24	26	19	18	16	34	20	23
6 years or more	51	43	45	53	57	57	29	30	57	45
Not sure	1	1	*	1	*	3	-	*	1	*

Less than 0.5%

The Public and Prescription Drugs

If drug compliance is a problem, convincing Americans to get their prescriptions filled in the first place is not; 88% of adults to whom the question applies say they are very likely to get a prescription for a long-term health problem filled, and 8% say they are somewhat likely (Table 30). Fully 95% of those 65-74 say they are very likely to get a prescription for a long-term health problem filled, while only 85% of those 25-34 make this assertion. Americans who have been on drug therapy for a chronic condition and those who have taken multiple drugs are more likely than all Americans to have a prescription filled. Americans who are insured for at least part of the cost of prescription drugs, however, vary imperceptibly from all Americans in their likelihood of getting a prescription filled.

Americans consider themselves just as likely to fill a prescription for a short-term health problem as for a long-term problem, and here likelihood doesn't vary significantly by age (Table 31). In practice, however, Americans seem to be slightly more likely to fill a prescription for a short-term health problem; 94% say they actually filled their most recent prescription for a short-term health problem, while the corresponding figure for a chronic condition is 90% (Table 32). Here too, older Americans (those 65-74) are much more likely than younger Americans (those 25-34) to have filled their most recent prescription for a long-term health problem, but the two groups vary only insignificantly in terms of whether they filled their most recent prescription for a drug for a short-term health problem.

Nearly a quarter (24%) of all Americans and fully 42% of those between the ages of 65 and 74 have taken more than one prescription drug regularly at some point in their lives; 22% have at some time been on long-term drug therapy for a chronic condition, including more than one-third of those 65-74. Women and those who consider their own health to be only fair or poor are more likely to be in these categories than men or people who consider their health excellent or pretty good. More than 1 in 5 Americans (22%) say they have at some time taken a medicine that was dispensed more than a year before, and 19% say they have tried medicine that was prescribed for a friend or relative but not for them. Younger Americans are vastly more likely than older ones to have tried someone else's prescription drug. Only 9% of all adults say they've ever failed to refill a prescription for a long-term health problem when the medicine was used up, an admission more frequently made by younger Americans than by older ones (Table 33).

Q.25a

Table 30

HOW LIKELY AMERICANS ARE TO GET A PRESCRIPTION FOR A LONG-TERM HEALTH PROBLEM FILLED

Base: Those who do not volunteer that such a decision is not applicable to them

Q: When a doctor writes a prescription for you, for a long-term health problem, such as arthritis or high blood pressure, how likely are you to get it filled—very likely, somewhat likely, not very likely, or not likely at all?

	Total Adults 18 and Over	Age		Education		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs	Heart Patients 18 and Over	Arthritics 18 and Over	Depressives 18 and Over	Ulcer Patients 18 and Over	Diabetics 18 and Over
		25-34 Years	65-74 Years	High School Graduate	College Graduate								
Base	1276	284	123	466	288	321	342	808	295	150	61	54	37
	%	%	%	%	%	%	%	%	%	%	%	%	%
Very likely	88	85	95	85	89	94	92	87	94	87	84	91	89
Somewhat likely	8	10	4	10	7	4	5	8	4	10	9	3	7
Not very likely	1	4	-	1	1	1	1	2	*	1	6	3	3
Not likely at all	1	2	-	2	1	1	2	1	1	1	2	1	-
Not sure	*	*	*	-	1	*	*	1	*	*	-	-	1

**Less than 0.5%.*

Q.25a

Table 31

HOW LIKELY AMERICANS ARE TO GET A PRESCRIPTION FOR A SHORT-TERM HEALTH PROBLEM FILLED

Base: Those who do not volunteer that such a decision is not applicable to them

Q: When a doctor writes a prescription for you, for a short-term health problem, such as an infection or an injury, how likely are you to get it filled—very likely, somewhat likely, not very likely, or not likely at all?

	Total Adults 18 and Over	Age		Education		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs	Heart Patients 18 and Over	Arthritics 18 and Over	Depressives 18 and Over	Ulcer Patients 18 and Over	Diabetics 18 and Over
		25-34 Years	65-74 Years	High School Graduate	College Graduate								
Base	1486	342	138	536	352	335	364	930	301	159	70	66	37
	%	%	%	%	%	%	%	%	%	%	%	%	%
Very likely	88	86	88	85	94	91	91	89	92	90	87	92	91
Somewhat likely	8	11	7	10	5	6	6	8	5	7	12	8	5
Not very likely	1	2	2	1	1	1	1	2	1	*	-	-	3
Not likely at all	2	1	2	2	1	2	1	2	2	1	1	-	-
Not sure	1	*	*	1	1	1	-	*	*	2	-	-	1

*Less than 0.5%.

Q.25b

Table 32

WHETHER MOST RECENT PRESCRIPTION WAS ACTUALLY FILLED

Base: Those who do not volunteer that such a decision is not applicable to them

Q: The most recent time a doctor wrote a prescription for you (READ EACH ITEM), did you get it filled, or didn't you?

	Total Adults 18 and Over	Age 25-34 Years	Age 65-74 Years
	%	%	%
(Base)	(1411)	(329)	(120)
A short-term health problem, such as an infection or an injury			
Did get it filled	94	95	96
Did not get it filled	5	4	4
Not sure	1	*	-
(Base)	(735)	(121)	(97)
A long-term health problem, such as arthritis or high blood pressure			
Did get it filled	90	86	98
Did not get it filled	8	14	3
Not sure	*	*	-

**Less than 0.5%.*

Q.29a

Table 33
AMERICANS' EXPERIENCE WITH PRESCRIPTION DRUGS

Q: Have you ever (READ EACH ITEM), or haven't you?

	Total Adults 18 and Over	Age		Sex		General Health		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Prescription Drugs
		25-34 Years	65-74 Years	Male	Female	Positive	Negative			
Base	1501	346	145	686	815	1334	160	342	368	939
	%	%	%	%	%	%	%	%	%	%
Been taking more than one prescription drug regularly										
Have done	24	19	42	19	28	20	57	60	100	24
Have not done	75	81	56	80	71	79	43	39	-	75
Not sure	1	*	2	*	1	1	1	1	-	1
Been on long-term drug therapy for a particular illness or condition										
Have done	22	11	34	19	26	19	49	100	56	24
Have not done	77	89	65	81	74	80	50	-	44	76
Not sure	*	*	1	-	*	*	*	-	-	*
Taken a medicine that was prescribed for a friend or relative but not for yourself										
Have done	22	21	21	22	23	22	22	28	27	23
Have not done	77	78	78	77	76	77	78	70	71	76
Not sure	1	1	2	1	1	1	-	2	2	1
Tried a medicine that was prescribed for a friend or relative but not for yourself										
Have done	19	26	4	20	19	20	17	17	21	19
Have not done	81	74	96	80	81	80	83	83	79	81
Not sure	-	-	-	-	-	-	-	-	-	-
Had a prescription for a long-term health problem that you failed to refill when the medicine was used up										
Have done	9	10	4	10	8	9	14	14	13	10
Have not done	90	90	95	90	91	91	86	85	86	89
Not sure	1	-	1	*	1	1	1	1	1	1

*Less than 0.5%

Health Insurance

Majorities of Americans are covered for at least a part of the cost of hospitalization, visits to the doctor, and prescription drugs (Table 34).

By 89-90% adults say they are insured for hospitalization; this includes a slightly higher proportion of employed Americans, the elderly, and those in upper income households.

Americans say they are insured for visits to the doctor, by 70-26%; this includes higher proportions of those employed, the elderly, and upper income adults. Men are significantly more likely than women to say they are insured for visits to the doctor.

A majority of Americans (64-31%) are also insured for prescription drugs. Those who are employed and upper income households are more likely to be insured for prescription drugs than all Americans; the elderly, women, and those in lower income households are less likely to say they're covered.

Americans report spending a median of about $270 out of pocket in the past year for health care for themselves and members of their families, exclusive of what they paid in health insurance premiums. This ranges from a median of $258 among the lowest income households ($7,500 or less) to $388 among the highest income households ($50,000 or more). Out-of-pocket health costs for insured households vary only insignificantly from the costs faced by all households.

Q.F9a

Table 34
HEALTH CARE INSURANCE

Q: Do you, or does any member of your household, have insurance from any source, including a private, employer, or government plan that covers you for at least part of the cost of (READ EACH ITEM), or not?

	Total Adults 18 and Over	Age		Sex		Income		General Health		
		25-34 Years	65-74 Years	Male	Female	$7,501 to $15,000	$35,001 to $50,000	Positive	Negative	Employed
Base	1501	346	145	686	815	279	171	1334	160	932
	%	%	%	%	%	%	%	%	%	%
Hospitalization										
Have	89	88	93	89	90	81	95	90	83	91
Don't have	9	12	7	9	9	15	4	8	15	8
Not sure	2	*	*	2	2	3	1	2	2	1
Visits to the doctor										
Have	70	68	75	74	67	63	79	71	65	74
Don't have	26	29	21	23	29	32	18	25	33	24
Not sure	3	2	4	3	3	4	3	4	3	3
Prescription drugs										
Have	64	64	58	72	57	52	75	64	60	68
Don't have	31	31	37	23	38	40	22	30	37	27
Not sure	5	5	5	5	5	6	3	6	3	5

I.7: SUPPLEMENTAL REPORT: WHY PEOPLE DECIDE TO GO OR NOT TO GO TO THE DOCTOR

Why people decide to see a doctor is not a great mystery — they go when they feel they need to or when they feel they should. Indeed, by 70-30% Americans say they've gone to a doctor because they felt they needed a checkup. More than a third (36%) have gone because they wanted reassurance from a doctor that they were healthy, and more than a quarter (28%) have seen a doctor because of a serious physical injury (Table 35). Fewer than a quarter have ever gone to a doctor because they were being treated for a long-term health problem, wanted advice about steps they could take to stay healthy, had some questions about a prescription drug they were taking, had heard or read about some symptoms they thought they had, wanted to discuss a family problem, or wanted to ask their doctor about a prescription drug they'd heard about.

Three out of ten Americans (29%) say that they have at some time decided *not* to go to a doctor because they thought their problem was too small to bother a busy doctor with, and similar proportions across the demographic spectrum give this same response (Table 36). Of the ten reasons tested for not seeing a doctor, this is the one Americans most often admit to. Fewer than 1 in 5 Americans say that each of the other nine possibilities was a reason for not going to the doctor.

Observation:
Noteworthy here is how small a place physicians' fees seem to have in people's decisions to visit a doctor. Only 18% of all Americans say they've decided not to visit a doctor because "the fee you'd have to pay yourself was too high." Younger and lower income Americans are more likely than Americans overall to cite fees as a reason for not going to the doctor. But older Americans, those whose usual place of care is a doctor's office (instead of a clinic or hospital emergency room), and those who say their usual doctor is mainly interested in helping patients (instead of interested in both helping patients and making money) are significantly less likely than all Americans to say fees were a reason for deciding not to go to the doctor.

Q.20a

Table 35

REASONS PEOPLE DECIDE TO GO TO A DOCTOR

Q.: Have you ever gone to a doctor specifically because (READ EACH ITEM) or haven't you?

	Total Adults 18 and Over	Age		Sex		Education		Income		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Doctor Visit
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	$7,501 to $15,000	$35,001 to $50,000			
Base	1501	346	145	686	815	542	356	279	171	342	368	1047
	%	%	%	%	%	%	%	%	%	%	%	%
You felt you needed a checkup												
Have done	70	62	70	63	77	71	75	67	79	78	78	70
Have not done	30	38	30	37	23	29	24	33	21	22	22	30
Not sure	*	-	-	*	*	*	*	-	-	*	-	-
You wanted reassurance from a doctor that you were healthy												
Have done	36	31	38	33	38	33	37	35	44	37	37	36
Have not done	64	69	62	67	62	67	62	65	56	62	63	63
Not sure	*	-	1	*	*	-	1	*	-	*	*	*
You suffered a serious physical injury												
Have done	28	26	23	36	21	26	28	29	32	39	37	29
Have not done	72	74	77	64	78	74	72	71	67	60	63	70
Not sure	*	-	1	-	*	-	*	-	*	1	*	*
You were receiving regular treatment for a long-term health problem												
Have done	22	14	31	19	25	22	20	24	19	63	55	24
Have not done	78	86	69	81	75	78	80	76	81	37	45	76
Not sure	*	-	*	-	*	*	-	*	-	-	-	*
You wanted advice about steps you could take to stay healthy												
Have done	13	12	8	14	11	12	16	11	14	19	18	13
Have not done	87	88	92	86	88	88	83	88	86	81	82	87
Not sure	*	-	-	*	*	*	1	*	-	*	*	*

(Continued)

Q.20a

Table 35 (Continued)
REASONS PEOPLE DECIDE TO GO TO A DOCTOR

	Total Adults 18 and Over	Age		Sex		Education		Income		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Doctor Visit
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	$7,501 to $15,000	$35,001 to $50,000			
Base	1501	346	145	686	815	542	356	279	171	342	368	1047
	%	%	%	%	%	%	%	%	%	%	%	%
You had some question about a prescription drug you were taking												
Have done	11	9	10	9	13	10	12	9	12	24	24	12
Have not done	89	91	90	91	87	90	87	90	88	76	76	88
Not sure	*	*	-	*	*	-	*	*	*	-	-	*
You heard or read something about medical symptoms you thought you had												
Have done	10	10	8	11	9	10	11	8	10	13	10	11
Have not done	90	90	92	89	91	89	88	92	90	87	90	89
Not sure	*	-	-	*	*	*	*	-	-	-	*	*
You had a family problem you wanted to discuss												
Have done	9	7	6	6	11	6	8	7	8	14	11	9
Have not done	91	93	94	93	89	92	92	93	92	86	88	91
Not sure	*	-	-	*	-	*	-	*	-	-	*	*
You wanted to ask your doctor about a particular prescription drug you'd heard about												
Have done	6	5	6	4	7	7	6	6	4	9	12	6
Have not done	94	94	93	96	93	93	94	94	96	91	87	94
Not sure	*	*	*	-	*	-	-	-	-	*	*	*

*Less than 0.5%.

Q.21a

Table 36
REASONS PEOPLE DECIDE *NOT* TO GO TO A DOCTOR

Q.: I'm going to read a list of reasons people sometimes give for deciding *not* to go see a doctor. For each, please tell me if it's ever been a reason for you in deciding *not* to go see a doctor, or if it hasn't been a reason.

	Total Adults 18 and Over	Age		Sex		Education		Income		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Doctor Visit
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	$7,501 to $15,000	$35,001 to $50,000			
Base	1501	346	145	686	815	542	356	279	171	342	368	1047
	%	%	%	%	%	%	%	%	%	%	%	%
You thought your problem was too small to bother a busy doctor with												
Has been a reason	29	28	29	28	30	27	27	30	23	30	31	30
Has not been a reason	70	72	70	71	69	73	72	69	77	69	69	70
Not sure	*	*	2	*	*	*	*	1	-	*	*	1
The fee you'd have to pay yourself was too high												
Has been a reason	18	26	11	16	21	17	16	23	14	19	18	16
Has not been a reason	81	74	89	84	79	83	84	77	86	81	82	84
Not sure	*	*	-	*	*	*	*	1	*	-	*	*
It was inconvenient or difficult to travel to the doctor's office												
Has been a reason	13	16	12	12	14	12	15	16	14	16	17	13
Has not been a reason	87	84	88	87	86	87	85	83	86	84	83	87
Not sure	*	-	-	*	-	*	-	1	-	-	-	*
The doctor didn't seem to really care about you and your health												
Has been a reason	12	14	5	9	16	15	11	14	11	15	14	13
Has not been a reason	87	86	94	91	84	84	89	85	89	84	85	87
Not sure	*	*	1	*	*	1	*	1	-	1	1	*
The doctor wasn't available when you needed him or her												
Has been a reason	12	16	10	11	13	12	11	16	13	20	17	12
Has not been a reason	88	84	89	89	87	88	87	84	87	80	83	87
Not sure	*	*	-	1	*	-	1	-	-	1	*	*

(Continued)

Q.21a

Table 36 (Continued)
REASONS PEOPLE DECIDE *NOT* TO GO TO A DOCTOR

	Total Adults 18 and Over	Age		Sex		Education		Income		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs	Insured for Doctor Visit
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	$7,501 to $15,000	$35,001 to $50,000			
Base	1501	346	145	686	815	542	356	279	171	342	368	1047
	%	%	%	%	%	%	%	%	%	%	%	%
The doctor had an unpleasant personality												
Has been a reason	12	15	10	8	15	12	11	11	12	14	15	12
Has not been a reason	88	85	90	92	85	88	89	89	88	86	84	88
Not sure	*	*	1	-	*	*	*	1	-	-	1	*
You were afraid of what the doctor might find												
Has been a reason	7	8	4	5	9	7	6	8	4	10	9	7
Has not been a reason	93	92	96	95	91	93	94	92	95	90	91	93
Not sure	*	-	-	*	-	-	-	-	-	-	-	-
You were afraid the doctor would ask you to lose weight or get more exercise												
Has been a reason	4	3	3	2	4	3	4	2	4	5	3	3
Has not been a reason	96	97	97	97	95	97	96	98	96	94	96	97
Not sure	*	-	*	-	*	-	-	-	-	*	*	*
You thought your medical problem was so serious that a visit wouldn't do anything to help you												
Has been a reason	3	1	4	3	2	3	2	5	2	5	6	3
Has not been a reason	97	98	96	96	97	97	98	95	98	95	93	97
Not sure	*	-	1	*	*	*	*	-	-	*	*	*
You were too embarrassed to discuss your medical problem with a doctor												
Has been a reason	2	2	1	3	2	2	2	3	2	2	2	2
Has not been a reason	98	97	99	97	98	98	98	97	98	97	98	98
Not sure	*	*	-	-	*	-	-	-	-	-	-	-

*Less than 0.5%.

I.8: SUPPLEMENTAL REPORT: SOURCES OF INFORMATION ABOUT HEALTH CARE

Americans overwhelmingly look to their doctors for information about health in general and medical problems in particular (Table 37); fully 88% consider doctors a very important source of information, while an additional 10% consider them somewhat important. Americans with a usual doctor and those whose usual place of care is a doctor's office are more likely than Americans as a whole to consider their doctor a very important source of information (91% and 90%, respectively). Fully 94% of those between the ages of 65 and 74 feel this way about physicians.

While considered at least somewhat important as a source of information about health care by 86% of all Americans, pharmacists are considered a very important source of information by only 56%. Significantly, older Americans, women, high school graduates, and those who consider their own health to be only fair or poor are much more likely to consider pharmacists a very important source than are younger Americans, men, college graduates, and those who say their own health is at least pretty good.

Other important sources of health care information are voluntary health organizations (85-11%), government publications (74-24%), and health stories in newspapers and magazines (68-31%); friends and neighbors are narrowly considered an unimportant source of information by 52-48%.

Q.30

Table 37
SOURCES OF INFORMATION ABOUT HEALTH CARE

Q.: When it comes to information about health in general and your medical problems in particular, how important a source do you consider (READ EACH ITEM)--very important, somewhat important, not very important, or not important at all?

	Total Adults 18 and Over	Age		Sex		Education		General Health		Ever on Long-Term Drug Therapy	Ever Took Multiple Drugs
		25-34 Years	65-74 Years	Male	Female	High School Graduate	College Graduate	Positive	Negative		
Base	1501	346	145	686	815	542	356	1334	160	342	368
	%	%	%	%	%	%	%	%	%	%	%
Your doctor											
Very important	88	84	94	86	90	91	84	88	93	91	92
Somewhat important	10	15	4	12	9	8	14	11	6	9	8
Not very important	1	1	1	1	*	1	1	1	-	-	*
Not important at all	*	-	1	*	*	*	-	*	-	-	-
Not sure	*	*	*	*	*	*	*	*	1	*	1
Your pharmacist											
Very important	56	47	69	48	62	61	32	54	71	58	60
Somewhat important	30	38	20	33	27	28	43	31	18	29	26
Not very important	8	11	4	10	6	5	16	9	4	7	7
Not important at all	5	4	3	7	3	5	9	5	5	5	5
Not sure	1	1	3	2	1	1	1	1	2	2	1
Voluntary health organizations such as the heart, lung, or diabetes associations											
Very important	53	52	54	46	59	53	36	52	62	49	52
Somewhat important	32	37	23	37	27	31	43	33	20	32	31
Not very important	7	7	3	9	5	6	13	7	7	8	8
Not important at all	4	2	6	5	4	4	6	4	4	5	5
Not sure	4	2	15	3	5	6	2	3	6	5	5
Government publications											
Very important	27	23	37	25	29	28	17	25	40	26	28
Somewhat important	47	51	37	45	48	47	49	48	37	49	48
Not very important	15	16	13	17	13	15	18	15	12	13	15
Not important at all	9	8	8	10	7	8	13	9	7	9	8
Not sure	3	2	5	3	3	3	2	3	4	4	2
Friends and neighbors											
Very important	21	17	29	19	22	25	6	20	27	13	18
Somewhat important	27	33	18	24	29	27	24	27	31	26	22
Not very important	32	34	23	33	30	30	39	33	19	34	35
Not important at all	20	15	27	22	17	16	30	20	21	26	23
Not sure	1	1	2	1	1	1	*	1	3	2	2
Health stories in newspapers and magazines											
Very important	18	18	17	14	22	16	14	18	22	17	17
Somewhat important	50	52	41	47	52	48	53	50	45	56	52
Not very important	20	21	21	24	16	23	20	20	15	16	21
Not important at all	11	9	16	14	9	12	12	11	12	9	9
Not sure	1	1	4	1	2	1	1	1	6	2	2

*Less than 0.5%.

PART II: PATIENTS WITH CHRONIC CONDITIONS AND THEIR DOCTORS

II.1: PROFILE OF PATIENTS WITH CHRONIC CONDITIONS

Defining Patients With Chronic Conditions

Who are patients with chronic conditions? For the purposes of this analysis, these patients:

- ☐ Are 35 years old or older; *and*
- ☐ Have been told by a doctor, nurse, or other health care professional that they have or had a particular condition; *and*
- ☐ Have or had only one of the five chronic conditions tested; *or*
- ☐ Designate which of the multiple conditions they have or had they now consider to be the most serious.

Heart patients in this analysis are those who have been told that they have or had high blood pressure or a heart condition; the other chronic conditions tested are described adequately by their labels. In all cases, more than 90% of those who say they've been told they have a particular chronic condition say they were told so by a doctor.

A by-product of the screening for these samples is an intriguing look at how Americans perceive the relative seriousness of five chronic conditions (Table 38).

More than a quarter (26%) of all Americans 18 or over have been told that they have (or had) high blood pressure or a heart condition, yet only 20% of all Americans designate this condition as either the only one or the most serious of the conditions tested. So 6% of all adults, or 23% of those who've been told they have high blood pressure or a heart condition, "migrate" to another condition they have which they consider more serious. In the case of those who've been told they have hypertension or a heart condition, nearly half (48%) of those who designate another condition as more serious designate arthritis; 22% each migrate to "anxiety, tension, or depression" and diabetes, and only 8% migrate to ulcers.

More than 4 adults in 10 (42%) who've been told they have arthritis migrate to another condition; nearly three-quarters of these designate hypertension or a heart condition as their most serious chronic condition.

Nearly half (49%) of those who've been told they have anxiety, tension, or depression migrate to other conditions; more than half (55%) of these say hypertension or a heart condition is their most serious health problem, while nearly a third (31%) name arthritis as their most serious chronic condition.

More than half (56%) of those who've been told they have ulcers elect another condition as more serious; 45% of these designate high blood pressure; 43% designate arthritis.

Observation:

Fear of heart trouble looms large in these evaluations. Of the conditions tested, fewer patients migrate from hypertension or a heart condition than migrate from any other condition. And among those who've been told they have arthritis, anxiety, tension, or depression, or ulcers, but who say another condition is more serious, majorities or pluralities cite hypertension or a heart condition as the most serious chronic condition they face.

Table 38
HOW AMERICANS 18 AND OVER WITH CHRONIC CONDITIONS EVALUATE THE RELATIVE SERIOUSNESS OF THEIR CONDITION

	High Blood Pressure or Heart Condition	Arthritis	Anxiety, Tension, or Depression	Ulcers
Base: **1501**	%	%	%	%
Of those 18 and over, the proportion that:				
Have been told that they have this condition	26	18	9	10
(Less)				
Have only this condition	(12)	(6)	(3)	(3)
(Less)				
Elect this condition as the most serious	(8)	(4)	(2)	(1)
(Equals)				
Migrate to another condition	6	8	4	6
Those who migrate as a proportion of those who have been told that they have this condition	23	42	49	56
Proportion of those who migrate selecting as their most serious condition:				
	100%	100%	100%	100%
High blood pressure of heart condition	-	74	55	45
Arthritis	48	-	31	43
Anxiety, tension, or depression	22	8	-	5
Ulcers	8	6	5	-
Diabetes	22	13	9	7

Note: Too few diabetics were sampled in the cross section to permit this type of analysis.

A Demographic and Health Profile of Americans With Chronic Conditions

Not surprisingly, patients with chronic conditions are older; while 18% of all Americans 35 and over fall into the 65 and over age group, 41% of diabetics, 30% of arthritics, and 23% of heart patients are in this category (Table 39).

Heart patients are more likely to be men than are all Americans 35 and over, and have slightly higher incomes.

Arthritics, by almost 3 to 1, are more likely to be women than men; 71% of arthritics are high school graduates or less, compared with 57% of all Americans 35 and over. Only 16% of arthritics have graduated from college, compared with a quarter of all Americans 35 and over. Arthritics as a group also have lower incomes; 43% have a household income exceeding $25,000 a year, while 50% of all Americans 35 and over fall into this category.

Diabetics, aside from being generally older, are distinguished only by their lower incomes; 42% have a household income exceeding $25,000 a year, compared with 50% of all Americans 35 and over.

Patients with any of these chronic conditions are also likely to have other chronic conditions (Table 40).

Of those who have only a heart condition or hypertension or who consider this to be the most serious of multiple conditions, 26% also have arthritis, 14% have prolonged anxiety, tension, or depression, 13% have ulcers, and 5% have diabetes.

Of those who have only arthritis or consider arthritis to be the most serious of multiple conditions, 24% also have hypertension or a heart condition, 18% have ulcers, 12% have prolonged anxiety, tension, or depression, and 4% have diabetes.

More than half (53%) of diabetics 35 and over also have high blood pressure or a heart condition; 32% have arthritis, and 15% each have ulcers and prolonged anxiety, tension, or depression.

Observation:
In a comparative sense, diabetics are among those with the lowest incomes and are also the oldest and the least healthy of these groups; arthritics stand out because they are overwhelmingly women, are less educated, and have relatively low incomes; heart patients are noteworthy as the most affluent group of the three.

Table 39
AMERICANS WITH CHRONIC CONDITIONS: DEMOGRAPHIC PROFILE AND HEALTH

	Total Adults 35 and Over	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base:	935	535	367	400
	%	%	%	%
Age				
35-39 years	18	9	9	10
40-49 years	30	22	19	9
50-64 years	34	46	42	40
65-74 years	13	19	24	33
75 and over	5	4	6	8
Sex				
Male	44	48	27	43
Female	56	52	73	57
Education				
Some high school or less	22	22	28	20
High school graduate	35	38	43	36
Some college	18	15	14	21
College graduate or more	24	25	16	23
Income				
$7,500 or less	13	10	15	17
$7,501 to $15,000	18	18	22	17
$15,001 to $25,000	20	21	20	24
$25,001 to $35,000	22	24	20	18
$35,001 to $50,000	14	16	10	13
$50,001 or over	14	12	13	11
Sole or Most Serious Condition				
Sole condition	-	58	57	30
Most serious condition	-	42	43	70

Q.1a, 1c, 1e, 1g, 1i

Table 40
CROSS INCIDENCES OF CHRONIC CONDITIONS

Q.: Have you ever been told by a doctor, nurse, or other health care professional that you have or had (READ EACH ITEM), or haven't you?

	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base:	535	367	400
	%	%	%
High blood pressure or a heart condition	100	24	53
Arthritis	26	100	32
Prolonged anxiety, tension or depression	14	12	15
Ulcers	13	18	15
Diabetes	5	4	100

Comparing Patients With Chronic Conditions on Several Benchmark Measures

Although patients with chronic conditions are perceptibly less likely to consider their own health to be excellent or pretty good than are all Americans 35 and over, these patients nonetheless feel their health is perfectly acceptable in view of their age; at least 75% of each group say their health is excellent or pretty good (Table 41). They also share with all Americans a general sense of satisfaction with the health care services they've received in the last few years.

As a group, these patients are more deeply involved in the health care system than Americans 35 and over as a whole.

Heart patients and diabetics are much more likely than all Americans to have a usual place of care, whereas arthritics 35 and over are as likely as Americans 35 and over to have a usual place of care.

Not surprisingly, patients with chronic diseases visit doctors more often; 39% of all Americans 35 and over visited a doctor between two and six times in the past year, but 48% of arthritics, 49% of heart patients, and 60% of diabetics did so. Indeed, nearly a quarter (24%) of diabetics 35 and over visited a doctor more than seven times in the past year, compared with only 11% of all Americans 35 and over who did so.

Patients with chronic diseases tend to see about the same number of different doctors in a year as all Americans, but diabetics here too are a glaring exception; while 17% of all Americans saw three or more different doctors in the past year, 27% of diabetics did so.

These three groups are all more likely than Americans in general to have been on long-term drug therapy, but with startling variations; 60% of diabetics, 50% of heart patients, and only 37% of arthritics have taken prescription drugs for a long-term health problem.

Diabetics are the most likely of the three groups to be insured for hospitalization, visits to the doctor, and prescription drugs; arthritics are the least likely to have insurance coverage in these three areas. Heart patients vary only insignificantly from all Americans 35 and over in their likelihood of having insurance.

Diabetics are most likely to have seen a specialist in the past year; heart patients and arthritics are scarcely more likely than all Americans to have done so.

These patients tend to view the motivations of doctors in general in about the same light as Americans 35 and over as a whole. But diabetics and heart patients are more generous to their own doctors than are all Americans; these patients are more likely than all Americans to feel that their own doctor is mainly motivated by an interest in helping patients and less likely to feel that their doctor is motivated by an interest in both helping patients and making money. Arthritics, however, are more negative; by 49-47% they say their own doctor is mainly interested in both helping patients and making money rather than in simply helping patients, while all Americans 35 and over say their own doctor is mainly interested in helping patients by 51-45%.

It thus comes as no surprise that arthritics are the most likely of all chronic disease patients to have stopped going to a doctor or changed doctors because of dissatisfaction and that they are more likely to have done so than all Americans 35 and over.

By their own report, however, arthritics are better than average drug compliers; 71% say they always follow the doctor's instructions exactly, compared with 66% of all Americans 35 and over. Heart patients are no better compliers than Americans as a whole, but fully 82% of diabetics say they always follow the doctor's instructions.

Observation:
These comparisons abound with irony. Diabetics—undeniably the oldest and least healthy group of the three and the patients with the deepest involvement in the health care system—are also the patients most satisfied with the health services they have received and those most likely to attribute altruism to their physician. Most likely of the three groups to drop or change physicians because of dissatisfaction and most suspicious of their physician's motives, arthritics are nonetheless respectable drug compliers, in a departure from the pattern noted for all Americans. And heart patients, many of whom designate their heart problem as the most serious of multiple conditions, nonetheless consider themselves in good health by 78-21%.

Table 41

AMERICANS WITH CHRONIC CONDITIONS:
RELATIONSHIPS WITH SELECTED ASPECTS OF THE HEALTH CARE SYSTEM

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base		935 %	535 %	367 %	400 %
2.	*Overall satisfaction with health care services*				
	Very satisfied	55	55	56	62
	Somewhat satisfied	29	31	27	25
	Somewhat dissatisfied	6	7	10	6
	Very dissatisfied	5	6	4	3
	Have not used (vol.)	3	1	*	1
	Not sure	2	1	2	4
3.	*Self-reported health status*				
	Excellent	39	24	27	15
	Pretty good	47	54	48	60
	Only fair	10	16	19	20
	Poor	3	5	5	5
	Not sure	1	*	1	*
4.	*Usual place of care*				
	Yes, has usual place	84	90	84	93
	No, does not have usual place	16	10	16	7
	Not sure	*	-	-	*
6b.	*Number of times respondents have seen a doctor in the past year*				
	None	24	17	14	6
	1 time	25	17	23	8
	2 to 3 times	25	28	31	24
	4 to 6 times	14	21	17	36
	7 to 10 times	4	6	5	8
	More than 10 times	7	10	7	16
	Not sure	1	1	1	2

(Continued)

Table 41 (Continued)
AMERICANS WITH CHRONIC CONDITIONS:
RELATIONSHIPS WITH SELECTED ASPECTS OF THE HEALTH CARE SYSTEM

		Total Adults 35 and Over	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base		935	535	367	400
		%	%	%	%
Question Number	***Question***				
7.	*Number of different doctors seen in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	1	51	50	50	43
	2	32	31	29	30
	3 or more	17	19	21	27
	Not sure	*	*	*	-
8.	*Whether respondent has seen a specialist in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	Has seen a specialist	34	37	35	42
	Has not seen a specialist	65	62	65	58
	Not sure	*	1	-	1
22a.	*Thinks doctors in general:*				
	Are mainly interested in helping patients	22	23	24	27
	Are mainly interested in making money	10	10	11	9
	Are mainly interested in both	64	65	61	60
	Not sure	3	1	3	5

(Continued)

Table 41 (Continued)
AMERICANS WITH CHRONIC CONDITIONS:
RELATIONSHIPS WITH SELECTED ASPECTS OF THE HEALTH CARE SYSTEM

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base		935	535	367	400
		%	%	%	%
22b.	*Thinks usual doctor is:* (Base: Those with a usual doctor)				
	Mainly interested in helping patients	51	54	47	55
	Mainly interested in making money	1	2	1	2
	Mainly interested in both	45	41	49	40
	Not sure	3	2	1	2
23.	*Ever stopped going to or changed doctors because of dissatisfaction*				
	Has	41	40	46	43
	Has not	59	60	54	57
	Not sure	*	-	-	*
26.	*Frequency of complying exactly with the doctor's instructions for the use of a prescription drug*				
	Always	66	67	71	82
	Most of the time	31	30	26	17
	Only some of the time	2	2	2	1
	Never	1	*	1	-
	Not applicable (vol.)	1	1	-	*
	Not sure	-	-	-	-
29a.	*Ever been on long-term drug therapy*				
	Has been	30	50	37	60
	Has not been	69	49	62	39
	Not sure	*	1	*	1

(Continued)

Table 41 (Continued)
AMERICANS WITH CHRONIC CONDITIONS:
RELATIONSHIPS WITH SELECTED ASPECTS OF THE HEALTH CARE SYSTEM

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base		935	535	367	400
		%	%	%	%
29a.	*Ever taken more than one prescription drug regularly*				
	Has	30	50	35	56
	Has not	69	50	65	45
	Not sure	1	*	*	-
F9a.	*Insured for hospitalization*	93	92	90	95
F9a.	*Insured for doctor visits*	72	72	67	79
F9a.	*Insured for prescription drugs*	64	65	61	70

*Less than 0.5%.

II.2: HEART PATIENTS 35 AND OVER

Heart patients are tougher in their evaluation of their own doctors than all Americans 35 and over; these patients are less likely to rate their doctor's performance as excellent than all Americans 35 and over on ten of the eleven items tested (Table 42). The biggest differences are reported here.

Nearly two-thirds (65%) of all Americans 35 and over with a usual doctor give their doctor an excellent rating on making a special effort to get patients to explain their symptoms and problems completely; yet 58% of all heart patients with a usual doctor give their physician an excellent rating on this attribute.

Sixty-eight percent of all Americans with a usual doctor, but only 62% of heart patients, give their doctor excellent marks on making sure patients understand what they've been told about their medical problems.

Heart patients are less likely than all Americans 35 and over to give their usual doctor an excellent rating on answering patients' questions honestly and completely (64% versus 69%).

Heart patients are also less likely than all Americans 35 and over to give their doctor an excellent rating on explaining medical problems in language patients can understand (63% versus 68%).

Finally, heart patients are also less likely than Americans 35 and over as a whole to give their doctor excellent marks on understanding patients' economic circumstances and on keeping medical fees reasonable.

Consistent with the pattern noted throughout this study, older patients tend to be somewhat more positive in their evaluations and less educated patients tend to be less positive.

What emerges in these findings is not just an overall lack of sparkle in heart patients' ratings of their doctor, but a systematic expression of concern by patients about how their doctor communicates with them.

It's important to note that these specific evaluations are *not* part of a pattern of lower evaluations by heart patients of doctors in general. Indeed, on most broad measures of the quality of the doctor-patient relationship, heart patients vary only slightly from all Americans. To the extent heart patients differ at all on these broad measures, they are in fact slightly more positive. These heart patients 35 and over (Table 43):

- Are no more likely than all Americans to have seen more than one doctor in the past year;
- Are more likely than all Americans to have a usual doctor;
- Have been seeing their usual doctor about as long as have Americans 35 and over as a whole;
- Are no more likely to have dropped or changed doctors because of dissatisfaction than all Americans 35 and over;
- Are about average in their self-reported level of drug compliance;
- Are slightly more likely than all Americans to think their own doctor is mainly interested in helping patients and slightly less likely to think their own doctor is interested in both helping patients and making money.

That heart patients and their doctors communicate less effectively than they could is also suggested, however, by the leading reasons heart patients cite for dropping or changing doctors. Heart patients are more likely than all Americans 35 and over to have dropped or changed doctors because (Table 44):

- The doctor didn't answer questions honestly and completely;
- The treatment the doctor prescribed didn't work;
- The doctor didn't have a friendly personality;
- The doctor didn't treat the patient with respect.

Why heart patients, generally quite similar to all Americans on the broad measures of the quality of the doctor-patient relationship, are less positive on specific evaluations is open to debate. Part of the answer is surely that men represent a greater proportion of heart patients than of the total population that is 35 and over. In the sample of all adult Americans in this study, men are generally less likely than all adults to give their doctor excellent marks on these attributes (Table 5).

But it's also worth noting that when it comes to a decision about using prescription drugs, 51% of heart patients say the doctor should make the decision, but only 46% of those with experience say it actually works out this way (Table 45). And while 43% of heart patients feel that doctors and patients should agree on a decision to use a prescription drug, a higher 47% of those who have been faced with the decision say it actually works out this way.

Observation:
Alone among those with chronic conditions, heart patients appear to feel pulled into the decisionmaking process by their physicians when it comes to making a decision about a prescription drug. In this very unusual case, doctors appear to be insisting on more patient participation in the decision than patients themselves want. In terms of education, this effect is confined to those heart patients with a high school degree or less (Table 46). Better educated heart patients do not display this concern.

Fully 60% of the nation's heart patients 35 and over have a high school education or less. Physicians treating these patients have a clear responsibility to work harder to communicate more effectively with them, particularly when it comes to inviting their participation in the decision to use a prescription drug.

Several other findings concerning heart patients are also noteworthy. Heart patients who concede that they don't always follow a doctor's instructions for taking a prescription drug, and are undercompliers, are most likely to say "feeling better" and "forgetting" very or somewhat closely describe their reasons for taking less medicine or taking it less frequently than prescribed. In this regard, heart patients are similar to all Americans 35 and over. Yet they are significantly less likely than all Americans to say that "feeling better" describes their situation very closely and significantly more likely to express concern about negative side effects (Table 47).

Heart patients, for obvious reasons, are much more likely than all Americans to go to the doctor because they are receiving treatment for a long-term health problem. They are somewhat more likely to go to the doctor than all Americans because they have questions about a prescription drug they are taking, and this is particularly true among those who have taken more than one prescription drug (Table 48). Their reasons for deciding not to go to a doctor vary only insignificantly from those of all Americans (Table 49).

Nearly 4 heart patients in 10 (37%) have seen a specialist in the past year, slightly higher than the proportion of all Americans 35 and over who have seen a specialist. Fully 33% of heart patients who have seen a specialist have seen a cardiologist; 17% have seen a surgeon, 13% a gynecologist, and 11% an ophthalmologist (Table 43).

Nineteen percent of heart patients see a specialist as their usual doctor: 55% of these see a cardiologist, 9% a gynecologist, and 7% a surgeon.

Q.18a,18b

Table 42
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF HEART PATIENTS

Q.: In general, how important do you think it is for a doctor to (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

Q.: And how would you rate your own doctor on the job he or she is doing to (READ EACH ITEM)—would you say he or she is doing an excellent, pretty good, only fair or poor job on this?

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Heart Patients 35 and Over						Heart Patients 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base:	935	535	371	164	223	312	788	474				
	%	%	%	%	%	%	%	%	%	%	%	%
Be knowledgeable and competent to treat your illnesses												
Very important/ excellent	98	97	97	97	97	98	69	64	64	64	64	65
Somewhat important/ pretty good	2	2	2	3	2	2	27	31	30	32	33	29
Not very important/ only fair	-	-	-	-	-	-	2	3	3	3	2	4
Not important at all/poor	-	-	-	-	-	-	-	-	-	-	-	-
Not sure	•	1	1	-	1	1	1	2	2	1	1	2
Answer your questions honestly and completely												
Very important/ excellent	96	95	95	96	93	97	69	64	63	69	65	63
Somewhat important/ pretty good	3	4	5	3	7	2	26	31	32	26	30	31
Not very important/ only fair	-	-	-	-	-	-	4	4	4	4	3	5
Not important at all/poor	-	-	-	-	-	-	•	1	1	1	1	1
Not sure	1	1	•	1	1	1	1	-	-	-	-	-

(Continued)

Q.18a,18b

Table 42 (Continued)

PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF HEART PATIENTS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Heart Patients 35 and Over						Heart Patients 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base:	935	535	371	164	223	312	788	474				
	%	%	%	%	%	%	%	%	%	%	%	%
Explain your medical problems to you in language you can understand												
Very important/ excellent	96	97	99	94	96	98	68	63	62	66	67	60
Somewhat important/ pretty good	3	2	1	3	2	1	28	31	32	29	28	35
Not very important/ only fair	*	1	-	3	1	1	3	3	4	1	3	4
Not important at all/poor	-	-	-	-	-	-	1	2	2	3	2	2
Not sure	1	*	-	1	1	-	1	-	-	-	-	-
Make sure you understand what you've been told about your medical problems												
Very important/ excellent	96	97	97	97	98	96	68	62	60	71	66	60
Somewhat important/ pretty good	4	2	3	1	2	2	28	32	33	26	29	34
Not very important/ only fair	-	1	*	1	-	1	3	4	5	1	4	4
Not important at all/poor	*	-	-	-	-	-	1	2	2	1	1	2
Not sure	*	*	*	-	-	1	1	*	*	-	-	1

(Continued)

Q.18a,18b

Table 42 (Continued)

PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF HEART PATIENTS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
			Heart Patients 35 and Over					Heart Patients 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base:	935	535	371	164	223	312	788	474				
	%	%	%	%	%	%	%	%	%	%	%	%
Personally spend enough time with you to diagnose your problem and prescribe effective treatment												
Very important/ excellent	96	96	96	95	93	99	66	64	64	66	64	65
Somewhat important/ pretty good	4	3	3	3	5	1	28	29	30	27	31	28
Not very important/ only fair	*	1	*	1	1	-	5	5	5	4	4	5
Not important at all/poor	-	-	-	-	-	-	1	2	2	3	2	2
Not sure	*	*	-	1	1	-	1	-	-	-	-	-
Really care about you and your health												
Very important/ excellent	92	92	91	96	89	96	68	65	64	69	67	63
Somewhat important/ pretty good	6	7	8	1	10	4	27	29	30	28	28	30
Not very important/ only fair	1	-	-	-	-	-	4	4	4	3	4	4
Not important at all/poor	1	1	*	1	1	-	*	1	1	-	-	1
Not sure	1	*	-	1	1	-	1	1	1	-	1	1

(Continued)

Q 18a,18b

Table 42 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF HEART PATIENTS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Heart Patients 35 and Over						Heart Patients 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base:	935	535	371	164	223	312	788	474				
	%	%	%	%	%	%	%	%	%	%	%	%
Make a special effort to get you to explain your symptoms and problems completely												
Very important/ excellent	93	95	95	95	95	95	65	58	56	65	57	59
Somewhat important/ pretty good	5	3	3	3	4	3	30	34	36	26	36	32
Not very important/ only fair	1	1	1	3	1	2	4	5	5	6	4	5
Not important at all/poor	*	*	*	-	1	-	1	2	2	1	2	2
Not sure	1	*	*	-	-	1	1	1	1	1	1	1
Keep his or her medical fees reasonable												
Very important/ excellent	87	88	87	92	86	90	40	35	33	40	38	32
Somewhat important/ pretty good	10	10	11	5	13	8	41	44	45	39	40	48
Not very important/ only fair	1	1	1	1	1	1	12	14	13	15	15	13
Not important at all/poor	1	-	-	-	-	-	2	3	4	-	2	4
Not sure	1	1	1	1	-	2	4	5	5	6	6	4

(Continued)

Q.18a,18b

Table 42 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF HEART PATIENTS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Heart Patients 35 and Over						Heart Patients 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base:	935	535	371	164	223	312	788	474				
	%	%	%	%	%	%	%	%	%	%	%	%
Tell you about steps you could take to enjoy good health such as controlling your weight, getting enough exercise, and eating the right foods												
Very important/ excellent	84	87	86	90	80	93	56	56	55	61	57	56
Somewhat important/ pretty good	12	10	11	6	15	5	32	32	31	32	35	28
Not very important/ only fair	2	2	2	1	2	1	8	8	10	-	5	10
Not important at all/poor	2	1	1	2	2	1	1	1	1	-	1	1
Not sure	1	*	*	-	1	-	3	3	2	7	2	5
Have a friendly personality												
Very important/ excellent	69	73	71	79	67	78	62	61	60	66	60	62
Somewhat important/ pretty good	25	22	23	18	25	19	33	32	33	29	33	32
Not very important/ only fair	3	4	5	3	7	2	4	3	4	-	4	3
Not important at all/poor	2	1	1	-	1	1	1	2	2	3	2	2
Not sure	1	-	-	-	-	-	1	1	1	1	1	1

(Continued)

Q.18a,18b

Table 42 (Continued)

PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF HEART PATIENTS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Heart Patients 35 and Over						Heart Patients 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base:	935	535	371	164	223	312	788	474				
	%	%	%	%	%	%	%	%	%	%	%	%
Understand your economic circumstances												
Very important/ excellent	64	67	66	69	62	71	45	40	38	47	44	37
Somewhat important/ pretty good	25	23	24	16	23	22	34	37	38	34	34	40
Not very important/ only fair	5	6	5	11	9	4	8	9	10	6	8	10
Not important at all/poor	4	3	3	1	4	2	2	2	2	1	1	2
Not sure	2	2	2	3	2	2	11	12	12	12	13	12

**Less than 0.5%.*

Table 43
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
2.	*Overall satisfaction with health care services*				
	Very satisfied	55	55	56	54
	Somewhat satisfied	29	31	34	26
	Somewhat dissatisfied	6	7	5	10
	Very dissatisfied	5	6	4	8
	Have not used (vol.)	3	1	1	1
	Not sure	2	1	*	2
3.	*Self-reported health status*				
	Excellent	39	24	30	16
	Pretty good	47	54	59	48
	Only fair	10	16	9	25
	Poor	3	5	1	11
	Not sure	1	*	*	-
4.	*Has usual place of care*				
	Yes, has usual place of care	84	90	89	91
	No, does not have usual place of care	16	10	11	9
	Not sure	*	-	-	-
5.	*Usual place of care* (Base: Those with a usual place of care)				
	Doctor's office	78	79	80	77
	Clinic	16	15	15	14
	Hospital emergency room	4	5	5	5
	Other	3	2	1	3
	Not sure	*	-	-	-
6a.	*Called a doctor in the past year without seeing a doctor*				
	Yes, has called	24	25	21	31
	No, has not called	75	74	78	69
	Not sure	1	1	1	-

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
6b.	*Number of times respondent has seen a doctor in the past year*				
	None	24	17	23	8
	1 time	25	17	23	9
	2 to 3 times	25	28	26	31
	4 to 6 times	14	21	19	23
	7 to 10 times	4	6	3	9
	More than 10 times	7	10	5	17
	Not sure	1	1	*	2
7.	*Number of different doctors seen in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	1	51	50	56	43
	2	32	31	29	34
	3 or more	17	19	16	22
	Not sure	*	*	-	1
8.	*Whether respondent has seen a specialist in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	Has seen specialist	34	37	32	43
	Has not seen specialist	65	62	68	55
	Not sure	*	1	-	2
9.	*Number of different specialists seen in past year* (Base: Those who have seen a specialist)				
	1	63	60	53	66
	2	24	25	28	22
	3 or more	11	14	16	12
	Not sure	2	1	3	-

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
10.	*Type of medical specialist seen in past year* (Base: Those who have seen a specialist)				
	Cardiologist	17	33	33	32
	Dermatologist	8	9	10	9
	Diabetologist	2	-	-	-
	Endocrinologist	4	5	9	2
	Gastroenterologist	3	5	4	5
	Gynecologist	22	13	20	7
	Neurologist	7	5	-	9
	Obstetrician	*	-	-	-
	Opthalmologist	11	11	10	11
	Psychiatrist	1	-	-	-
	Rheumatologist	7	6	-	11
	Surgeon	18	17	16	18
	Urologist	7	9	12	7
	Allergist	3	3	4	2
	Otorhinolaryngologist	8	6	6	5
	Other	17	16	18	14
	Not sure	1	2	4	-
11a.	*Has usual doctor*				
	Has	81	86	83	90
	Does not have	19	14	17	10
	Not sure	-	-	-	-
11b.	*Would turn to one particular doctor in an emergency* (Base: Those who have no usual doctor)				
	Would	20	28	32	17
	Would not	76	72	68	83
	Not sure	4	-	-	-
11c.	*Whether usual doctor is a generalist or a specialist* (Base: Those with a usual doctor)				
	Generalist	81	80	79	81
	Specialist	18	19	20	17
	Not sure	1	1	1	1

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
11d.	*Specialty of specialists who are used as usual doctors* (Base: Those with a usual doctor who is a specialist)				
	Cardiologist	29	55	60	49
	Dermatologist	-	-	-	-
	Diabetologist	2	-	-	-
	Endocrinologist	2	3	-	9
	Gastroenterologist	2	-	-	-
	Gynecologist	19	9	13	4
	Neurologist	2	-	-	-
	Obstetrician	2	-	-	-
	Opthalmologist	-	-	-	-
	Psychiatrist	-	-	-	-
	Rheumatologist	4	2	-	4
	Surgeon	12	7	3	13
	Urologist	2	3	-	9
	Allergist	*	-	-	-
	Otorhinolaryngologist	-	-	-	-
	Other	18	17	22	9
	Not sure	1	3	3	4
12.	*Age of usual doctor* (Base: Those with a usual doctor)				
	Under 30	*	1	1	-
	30-39 years	14	14	17	10
	40-49 years	32	28	26	30
	50-59 years	35	37	36	38
	60-69 years	14	15	14	16
	70 or over	2	3	2	4
	Not sure	1	2	3	1
13.	*Sex of usual doctor* (Base: Those with a usual doctor)				
	Male	96	96	96	96
	Female	4	4	4	4

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
14.	*Length of time seeing usual doctor* (Base: Those with a usual doctor)				
	Less than one year	5	7	9	4
	At least one year but less than three	17	19	20	17
	At least three years but less than six	22	21	22	20
	Six years or more	55	53	48	59
	Not sure	1	1	1	-
15.	*Ever had to see a doctor other than usual doctor* (Base: Those with a usual doctor)				
	Has	27	30	26	36
	Has not	73	69	73	64
	Not sure	1	1	1	1
16.	*How bothered by having to see another doctor* (Base: Those with usual doctor who have had to see another doctor instead)				
	Bothered a great deal	7	11	13	8
	Bothered somewhat	17	8	9	8
	Bothered not very much	19	14	15	13
	Not bothered at all	57	67	64	71
	Not sure	*	-	-	-
17a.	*Selected usual doctor on the basis of a physician referral* (Base: Those with a usual doctor)				
	Did	25	27	29	26
	Did not	74	72	70	73
	Not sure	1	1	1	1
17.b	*Selected usual doctor because respondent was ill* (Base: Those with a usual doctor)				
	Did	36	38	31	47
	Did not	63	59	67	50
	Not sure	2	2	2	3

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
22a.	*Thinks doctors in general:*				
	Are mainly interested in helping patients	22	23	21	26
	Are mainly interested in making money	10	10	9	13
	Are mainly interested in both	64	65	69	61
	All, none, some combination (vol.)	1	1	1	-
	Not sure	3	1	*	1
22b.	*Thinks usual doctor:* (Base: Those with a usual doctor)				
	Is mainly interested in helping patients	51	54	50	60
	Is mainly interested in making money	1	2	2	3
	Is mainly interested in both	45	41	45	35
	All, none, some combination (vol.)	-	-	-	-
	Not sure	3	2	3	1
23.	*Ever stopped going to or changed doctor because of dissatisfaction*				
	Has	41	40	37	44
	Has not	59	60	63	56
	Not sure	*	-	-	-
25a.	*Likelihood of getting a prescription for a long-term health problem filled*				
	Very likely	91	94	94	94
	Somewhat likely	6	5	5	4
	Not very likely	1	1	1	1
	Not likely at all	1	1	1	1
	Not sure	1	-	-	-
25a.	*Likelihood of getting a prescription for a short-term health problem filled*				
	Very likely	92	93	94	92
	Somewhat likely	5	5	4	6
	Not very likely	1	1	1	1
	Not likely at all	2	1	1	1
	Not sure	1	-	-	-

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
25b.	*Whether respondent filled most recent prescription for a long-term health problem*				
	Did fill	94	97	97	98
	Did not fill	6	3	3	2
	Not sure	*	-	-	-
25b.	*Whether respondent filled most recent prescription for a short-term health problem*				
	Did fill	95	96	96	96
	Did not fill	4	3	3	3
	Not sure	1	1	1	1
26.	*Frequency of complying exactly with the doctor's instructions for the use of a prescription drug*				
	Always	66	67	65	70
	Most of the time	31	30	33	27
	Only some of the time	2	2	2	2
	Never	1	*	-	1
	Not applicable (vol.)	1	1	1	-
	Not sure	-	-	-	-
27.	*Whether drug noncompliers tend to take more or less than instructed* (Base: Those who do not always take prescription drugs exactly as instructed)				
	Take a little more or more frequently	7	9	12	4
	Take a little less or less frequently	82	82	80	87
	It depends (vol.)	8	6	7	4
	Not sure	3	3	1	4

(Continued)

Table 43 (Continued)
SUMMARY: HEART PATIENTS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Heart Patients 35 and Over: All	Heart Patients 35 and Over: Heart as Sole Condition	Heart Patients 35 and Over: Heart as Most Serious Condition
	Base	935	535	301	234
		%	%	%	%
29a.	*Ever been on long-term drug therapy*				
	Has been	30	50	41	61
	Has not been	69	49	58	38
	Not sure	*	1	*	1
29a.	*Ever taken more than one prescription drug regularly*				
	Has	30	50	39	65
	Has not	69	50	60	35
	Not sure	1	*	*	-
29a.	*Ever tried a medicine that was prescribed for someone else*				
	Has	14	12	11	13
	Has not	86	88	89	87
	Not sure	-	-	-	-
29a.	*Ever taken a medicine that was bought more than one year before*				
	Has	25	23	21	25
	Has not	74	76	77	75
	Not sure	1	1	1	-
29a.	*Ever failed to refill a prescription for a long-term health problem*				
	Has	9	12	10	14
	Has not	91	88	89	86
	Not sure	1	*	*	-
F9a.	Insured for hospitalization	93	92	92	91
F9a.	Insured for doctor visits	72	72	75	67
F9a.	Insured for prescription drugs	64	65	69	59

*Less than 0.5%.

Q.24

Table 44
WHY HEART PATIENTS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

Q.: I'm going to read a list of reasons people sometimes give for getting so dissatisfied that they stop going to a doctor or change doctors. For each, please tell me if this has ever been a reason for you, or if it hasn't been a reason.

		Heart Patients 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	376	207							
	%	%	%	%	%	%	%	%	%
The doctor didn't spend enough time with you to diagnose your problem and prescribe effective treatment									
Has been a reason	48	41	43	29	29	49	40	41	38
Has not been a reason	51	59	56	71	69	51	60	57	62
Not sure	1	1	1	-	2	-	-	2	-
The doctor didn't have a friendly personality									
Has been a reason	36	39	41	29	26	48	37	43	37
Has not been a reason	63	60	58	71	74	50	62	57	62
Not sure	*	1	1	-	-	1	1	-	1
The doctor didn't answer your questions honestly and completely									
Has been a reason	41	47	48	41	44	48	43	51	49
Has not been a reason	58	53	51	59	56	50	55	49	51
Not sure	1	1	1	-	-	1	1	-	-
The treatment the doctor prescribed didn't work									
Has been a reason	38	42	41	51	53	34	38	48	45
Has not been a reason	61	57	59	49	47	64	60	52	54
Not sure	1	1	1	-	-	1	1	-	1

(Continued)

Q.24

Table 44 (Continued)
WHY HEART PATIENTS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

		Heart Patients 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base:	376	207							
	%	%	%	%	%	%	%	%	%
The doctor wasn't knowledgeable and competent to treat your illness									
Has been a reason	38	31	33	24	37	27	26	38	34
Has not been a reason	60	69	67	76	63	73	74	62	66
Not sure	2	-	-	-	-	-	-	-	-
The doctor didn't explain your medical problems to you in language you could understand									
Has been a reason	29	25	25	24	30	25	28	20	20
Has not been a reason	70	75	75	76	74	75	71	80	79
Not sure	*	1	1	-	2	-	1	-	1
The doctor didn't seem up to date with new medical advances									
Has been a reason	27	27	27	24	30	25	25	29	28
Has not been a reason	71	73	73	76	70	75	75	71	72
Not sure	1	-	-	-	-	-	-	-	-
The doctor didn't treat you with respect									
Has been a reason	23	26	26	27	25	27	26	27	28
Has not been a reason	76	73	73	73	73	73	73	73	71
Not sure	*	1	1	-	2	-	1	-	1
The doctor wasn't always available when you needed him or her									
Has been a reason	25	21	22	16	17	25	24	17	20
Has not been a reason	75	77	77	80	81	74	73	83	79
Not sure	*	1	1	4	2	1	2	-	1

(Continued)

Q.24

Table 44 (Continued)
WHY HEART PATIENTS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

	Total Adults 35 and Over	Heart Patients 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	376	207							
	%	%	%	%	%	%	%	%	%
The doctor's fees weren't reasonable									
Has been a reason	23	20	16	37	18	21	23	15	20
Has not been a reason	76	80	83	63	82	78	76	85	80
Not sure	*	1	1	-	-	1	1	-	-
The doctor refused to accept a second opinion from another doctor on some medical decision affecting you									
Has been a reason	10	8	8	8	13	5	9	8	11
Has not been a reason	89	91	91	92	87	94	90	92	89
Not sure	*	1	1	-	-	1	1	-	-

*Less than 0.5%.

Q.19a,c

Table 45
HOW DOCTORS AND HEART PATIENTS 35 AND OVER MAKE DECISIONS ABOUT TREATMENT

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made—should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

Q.: In your experience, when it comes to making a decision about (READ EACH ITEM), how do you find a decision *is* actually made—does your doctor make the decision alone, or do you make the decision based on information from your doctor, or do you and your doctor agree together on what will be done?

	Heart Patients 35 and Over						Heart Patients 35 and Over With a Usual Doctor Who Have Been Faced With This Decision					
	Base	Doctor Should Make the Decision	Patient Should Make the Decision	Doctor and Patient Should Agree	Patient Alone Should Decide Without Information From Doctor (Vol.)	Not Sure	Base	Doctor Makes the Decision	Patient Makes the Decision	Doctor and Patient Agree	Patient Makes Decision Alone (Vol.)	Not Sure
		%	%	%	%	%	%	%	%	%	%	%
Having surgery	535	7	10	80	1	2	230	15	20	60	3	3
An exercise program	535	14	16	67	1	1	115	32	10	56	-	1
A restricted diet	535	32	9	55	1	3	204	29	22	49	-	-
Using a prescription drug	535	51	4	43	1	1	249	46	7	47	-	-

*Less than 0.5%.

Q.19a

Table 46

HOW DOCTORS AND HEART PATIENTS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made—should the doctor make the decision alone, or *should the patient make* the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

		Heart Patients 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base:	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
Using a prescription drug									
Doctor should make the decision	46	51	48	61	52	50	54	46	50
Patient should make the decision	5	4	4	4	6	2	3	5	3
Doctor and patient should agree	47	43	46	32	40	46	42	45	44
Patient alone should decide without information from the doctor (vol.)	1	1	1	3	2	1	1	1	2
Not sure	2	1	1	-	1	2	*	2	1
A restricted diet									
Doctor should make the decision	29	32	29	42	33	31	37	25	32
Patient should make the decision	8	9	10	8	10	9	8	12	9
Doctor and patient should agree	59	55	57	45	53	56	52	60	56
Patient alone should decide without information from the doctor (vol.)	2	1	1	1	1	1	1	1	2
Not sure	3	3	3	3	2	3	3	3	1

(Continued)

Q.19a

Table 46 (Continued)
HOW DOCTORS AND HEART PATIENTS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

		Heart Patients 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base:	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
An exercise program									
Doctor should make the decision	13	14	12	22	14	15	18	9	16
Patient should make the decision	14	16	17	14	14	18	15	18	14
Doctor and patient should agree	70	67	70	58	69	65	64	72	68
Patient alone should decide without information from the doctor (vol.)	2	1	1	1	1	1	1	-	1
Not sure	2	1	1	4	1	2	2	1	1
Having surgery									
Doctor should make the decision	7	7	6	9	9	5	7	7	9
Patient should make the decision	11	10	10	10	13	7	10	9	8
Doctor and patient should agree	79	80	80	79	74	86	80	81	81
Patient alone should decide without information from the doctor (vol.)	1	1	1	1	2	1	1	1	2
Not sure	2	2	2	1	2	2	1	2	1

**Less than 0.5%.*

Q.28

Table 47

SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: HEART PATIENTS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

Q.: I'd like to read you some reasons people give for why they take less medicine, or take it less frequently, than their doctor has prescribed. For each, please tell me if it describes your reason very closely, somewhat closely, not very closely, or not closely at all.

Base	Total Adults 35 and Over	Heart Patients 35 and Over
	247	**136**
	%	%
You felt better		
Very closely	45	35
Somewhat closely	27	31
Not very closely	7	6
Not closely at all	16	27
Not sure	6	2
You just forget		
Very closely	31	32
Somewhat closely	28	22
Not very closely	11	15
Not closely at all	29	30
Not sure	1	2
You're concerned about negative side effects		
Very closely	21	31
Somewhat closely	26	18
Not very closely	12	8
Not closely at all	40	43
Not sure	1	1
You're concerned about how this medicine will interact with other medicine you're taking		
Very closely	18	19
Somewhat closely	17	15
Not very closely	9	9
Not closely at all	55	57
Not sure	1	-

(Continued)

Q 28

Table 47 (Continued)
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: HEART PATIENTS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

Base	Total Adults 35 and Over	Heart Patients 35 and Over
	247	136
	%	%
You're not sure the medicine is actually working		
Very closely	13	17
Somewhat closely	24	21
Not very closely	12	11
Not closely at all	48	48
Not sure	4	3
Your doctor didn't emphasize the importance of taking this medicine exactly as he or she asked		
Very closely	13	12
Somewhat closely	20	15
Not very closely	14	13
Not closely at all	50	59
Not sure	3	2
The medicine is too expensive		
Very closely	8	6
Somewhat closely	12	11
Not very closely	13	15
Not closely at all	66	68
Not sure	1	-
You didn't agree with your doctor's diagnosis or advice		
Very closely	11	16
Somewhat closely	11	6
Not very closely	13	12
Not closely at all	61	63
Not sure	5	3
You take so many medicines you can't remember which ones and how much you're supposed to take		
Very closely	7	2
Somewhat closely	6	7
Not very closely	9	11
Not closely at all	77	78
Not sure	2	2

Q.20a

Table 48

REASONS HEART PATIENTS DECIDE TO GO TO A DOCTOR

Q: *Have you ever* gone to a doctor specifically because (READ EACH ITEM) or haven't you?

	Total Adults 35 and Over	Heart Patients 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
You felt you needed a checkup									
Have done	74	76	78	72	72	80	76	77	80
Have not done	26	24	22	28	28	20	24	23	20
Not sure	*	-	-	-	-	-	-	-	-
You wanted reassurance from a doctor that you were healthy									
Have done	38	35	36	31	38	32	32	40	35
Have not done	62	65	64	68	61	68	68	59	64
Not sure	1	*	-	1	1	-	-	1	1
You suffered a serious physical injury									
Have done	27	28	29	27	33	24	27	30	31
Have not done	73	72	71	73	67	76	73	70	69
Not sure	*	-	-	-	-	-	-	-	-
You were receiving regular treatment for a long-term health problem									
Have done	29	47	48	44	46	48	45	52	65
Have not done	71	53	52	56	54	52	55	48	35
Not sure	*	-	-	-	-	-	-	-	-
You wanted advice about steps you could take to stay healthy									
Have done	13	13	14	10	18	9	13	15	17
Have not done	86	87	86	90	82	91	87	85	83
Not sure	1	-	-	-	-	-	-	-	-

(Continued)

Q.20a

Table 48 (Continued)
REASONS HEART PATIENTS DECIDE TO GO TO THE DOCTOR

	Total Adults 35 and Over	Heart Patients 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
You had some questions about a prescription drug you were taking									
Have done	12	16	18	12	17	16	15	18	23
Have not done	87	84	82	88	83	84	85	82	77
Not sure	*	-	-	-	-	-	-	-	-
You heard or read something about medical symptoms you thought you had									
Have done	10	9	9	10	10	8	8	12	9
Have not done	90	91	91	90	90	92	92	88	91
Not sure	*	-	-	-	-	-	-	-	-
You had a family problem you wanted to discuss									
Have done	10	9	10	4	7	10	8	10	9
Have not done	89	91	90	96	93	90	92	90	91
Not sure	*	-	-	-	-	-	-	-	-
You wanted to ask your doctor about a particular prescription drug you'd heard about									
Have done	7	7	8	5	5	8	9	4	9
Have not done	93	93	92	95	94	92	91	96	91
Not sure	*	*	*	-	1	-	-	1	-

*Less than 0.5%.

Q.21a

Table 49

REASONS HEART PATIENTS DECIDE *NOT* TO GO TO THE DOCTOR

Q.: I'm going to read a list of reasons people sometimes give for deciding *not* to go see a doctor. For each, please tell me if it's ever been a reason for you in deciding *not* to go see a doctor, or if it hasn't been a reason.

		Heart Patients 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
You thought your problem was too small to bother a busy doctor									
Has been a reason	29	27	27	31	23	32	30	23	31
Has not been a reason	70	72	73	69	77	68	69	77	68
Not sure	1	*	*	-	1	-	*	-	1
The fee you'd have to pay yourself was too high									
Has been a reason	15	15	16	15	11	19	17	13	15
Has not been a reason	84	84	83	85	87	80	82	87	85
Not sure	*	1	1	-	1	1	1	-	-
It was inconvenient or difficult to travel to the doctor's office									
Has been a reason	13	10	11	6	11	9	10	9	12
Has not been a reason	87	90	89	94	89	91	89	91	87
Not sure	-	*	*	-	1	-	*	-	1
The doctor didn't seem to really care about you and your health									
Has been a reason	12	10	12	3	7	13	11	9	11
Has not been a reason	88	89	87	94	92	85	87	91	88
Not sure	*	1	1	3	1	2	2	1	1
The doctor wasn't available when you needed him or her									
Has been a reason	11	12	13	10	10	14	9	16	15
Has not been a reason	88	87	86	89	89	85	90	83	85
Not sure	*	1	1	1	1	1	1	1	1

(Continued)

Q.21a

Table 49 (Continued)
REASONS HEART PATIENTS DECIDED *NOT* TO GO TO THE DOCTOR

	Total Adults 35 and Over	Heart Patients 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
The doctor had an unpleasant personality									
Has been a reason	10	11	12	8	6	16	10	12	15
Has not been a reason	90	89	88	90	94	84	89	88	85
Not sure	*	*	-	1	-	1	*	-	1
You were afraid of what the doctor might find									
Has been a reason	6	9	10	3	9	8	8	9	7
Has not been a reason	94	91	90	96	91	91	91	91	92
Not sure	-	-	-	-	-	-	-	-	-
You were afraid the doctor would ask you to lose weight or get more exercise									
Has been a reason	4	6	8	-	3	9	8	4	7
Has not been a reason	95	94	92	100	97	91	92	96	93
Not sure	*	-	-	-	-	-	-	-	-
You thought your medical problem was so serious that a visit wouldn't do anything to help you									
Has been a reason	3	4	4	6	7	2	7	1	6
Has not been a reason	96	95	95	94	93	96	93	98	94
Not sure	*	1	1	-	-	1	*	1	-
You were too embarrassed to discuss your medical problem									
Has been a reason	2	2	3	1	3	2	1	4	3
Has not been a reason	98	97	97	97	97	98	98	96	96
Not sure	-	*	-	1	-	1	*	-	1

*Less than 0.5%

II.3: ARTHRITICS 35 AND OVER

Arthritics are noteworthy primarily for having multiple doctors and for changing doctors; 21% have seen three or more doctors in the past year, compared with 17% of all adults 35 and over who have seen this many doctors; 46% have dropped or changed doctors because of dissatisfaction, compared with only 41% of all Americans who have done so. And arthritics with a usual doctor are less likely than all Americans to see their doctor as mainly interested in helping patients and more likely to see their doctor as interested in both helping patients and making money (Table 50).

Yet for these expressions of concern, arthritics vary little from all Americans 35 and over in their specific evaluations of their current doctor (Table 51). Indeed, the few significant differences to be found serve mainly to illuminate a pattern of slightly lower excellent ratings among older arthritics. Arthritics 65 and over are less likely than arthritics 35-64, all arthritics, and all Americans 35 and over to give their doctor excellent ratings on:

- Answering questions honestly and completely;
- Personally spending enough time with patients to diagnose their problems and prescribe effective treatment;
- Being knowledgeable and competent;
- Making a special effort to get patients to explain their symptoms and problems completely;
- Keeping medical fees reasonable.

Additionally arthritics 65 and over are less likely than younger arthritics or all arthritics (but not all Americans 35 and over) to give their usual doctor excellent ratings on explaining medical problems in language patients can understand and really caring about patients and their health.

Arthritics are better-than-average drug compliers (Table 50), but some of their reasons for noncompliance vary importantly from those of all Americans (Table 52). For example, arthritics are much less likely than Americans 35 and over to say that "feeling better" very closely describes their reason for undercompliance, while they are much more likely than all Americans to say "forgetting to take their medicine" describes their reason for undercompliance very closely. They are also more concerned about negative side effects than are all Americans 35 and over.

Arthritics are more likely than all Americans to change doctors (Table 50), and also give somewhat different reasons for doing so (Table 53). Fully half of those arthritics who have dropped or changed doctors because of dissatisfaction say they did so because "the treatment the doctor prescribed didn't work," in contrast to only 38% of all Americans who cite this as a reason for dropping a doctor. Nearly 60% of those arthritics with a high school education or less and of those who have taken multiple prescription drugs regularly cite concern about the efficacy of treatment as a reason for dropping a doctor. And while only 25% of all Americans 35 and over cite a doctor's not being available when needed as a reason for dropping a doctor, fully 35% of arthritics (including 41% of arthritics who are women) give this reason.

Arthritics display the same pattern as all Americans in terms of how various treatment decisions are to be made with their doctor: they'd prefer to see more joint decisions than actually occur (Table 54). In the case of an exercise program, arthritic patients are clearly feeling some pressure from their physicians; 20% think that the doctor alone should make the decision, while 34% of those who've faced such a decision say the doctor alone in fact decided. Older arthritics (those 65 and over) are reliably more likely to look to their doctor to make treatment decisions than younger arthritics or arthritics as a whole (Table 55).

Arthritics go or don't go to the doctor for about the same reasons as all Americans 35 and over (Tables 56 and 57). They are somewhat less likely to go for reassurance about their health, but more likely to go because of serious physical injury or to receive treatment for a long-term health problem. They're more likely than all Americans to decide against going to the doctor because they think their problem "is too small to bother a busy doctor with."

More than a third (35%) of arthritics have seen a specialist in the past year; fully 39% of these have seen two or more specialists (Table 50). Compared with all Americans 35 and over who have seen a specialist, arthritics who have seen a specialist are more likely to have seen a surgeon (31% versus 18%), a rheumatologist (16% versus 7%), an ophthalmologist (13% versus 11%), a neurologist (11% versus 7%), or a dermatologist (10% versus 8%) and less likely to have seen a gynecologist (17% versus 22%) or a cardiologist (9% versus 17%).

Only 17% of arthritics say they see a specialist for regular care (Table 50), but more than a third (34%) of these arthritics say that doctor is a rheumatologist.

Table 50
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over: All	Arthritis Patients 35 and Over: Arthritis as Sole Condition	Arthritis Patients 35 and Over: Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
2.	*Overall satisfaction with health care services*				
	Very satisfied	55	56	59	53
	Somewhat satisfied	29	27	23	32
	Somewhat dissatisfied	6	10	11	8
	Very dissatisfied	5	4	2	6
	Have not used (vol.)	3	*	1	-
	Not sure	2	2	4	-
3.	*Self-reported health status*				
	Excellent	39	27	34	18
	Pretty good	47	48	52	43
	Only fair	10	19	11	28
	Poor	3	5	2	9
	Not sure	1	1	1	1
4.	*Usual place of care*				
	Yes, has usual place of care	84	84	83	85
	No, does not have usual place of care	16	16	17	13
	Not sure	*	-	-	-
5.	*Usual place of care* (Base: Those with a usual place of care)				
	Doctor's office	78	86	86	85
	Clinic	16	10	8	13
	Hospital emergency room	4	*	-	1
	Other	3	3	6	1
	Not sure	*	-	-	-
6a.	*Called a doctor in the past year without seeing a doctor*				
	Yes, has called	24	23	22	24
	No, has not called	75	76	78	73
	Not sure	1	*	-	1

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over: All	Arthritis Patients 35 and Over: Arthritis as Sole Condition	Arthritis Patients 35 and Over: Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
6b.	*Number of times respondent has seen a doctor in the past year*				
	None	24	14	18	9
	1 time	25	23	30	14
	2 to 3 times	25	31	32	30
	4 to 6 times	14	17	13	22
	7 to 10 times	4	5	2	10
	More than 10 times	7	7	4	13
	Not sure	1	1	1	1
7.	*Number of different doctors seen in the past year* (Base: Those who have seen a doctor about their health at least once during the past year				
	1	51	50	53	45
	2	32	29	30	28
	3 or more	17	21	16	27
	Not sure	*	*	1	-
8.	*Whether respondent has seen a specialist in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	Has seen specialist	34	35	35	35
	Has not seen specialist	65	65	65	65
	Not sure	*	-	-	-
9.	*Number of different specialists seen in past year* (Base: Those who have seen a specialist)				
	1	63	60	75	41
	2	24	21	8	37
	3 or more	11	18	14	22
	Not sure	2	1	3	-

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over		
			All	Arthritis as Sole Condition	Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
10.	*Type of medical specialist seen in past year* (Base: Those who have seen a specialist)				
	Cardiologist	17	9	3	16
	Dermatologist	8	10	12	8
	Diabetologist	2	1	-	3
	Endocrinologist	4	-	-	-
	Gastroenterologist	3	1	-	3
	Gynecologist	22	17	18	16
	Neurologist	7	11	8	16
	Obstetrician	*	-	-	-
	Opthalmologist	11	13	8	19
	Psychiatrist	1	-	-	-
	Rheumatologist	7	16	22	10
	Surgeon	18	31	31	32
	Urologist	7	3	3	3
	Allergist	3	5	5	5
	Otorhinolaryngologist	8	7	5	10
	Other	17	25	25	25
	Not sure	1	1	-	3
11a.	*Has usual doctor*				
	Has	81	87	88	87
	Does not have	19	13	12	13
	Not sure	-	-	-	-
11b.	*Would turn to one particular doctor in an emergency* (Base: Those who have no usual doctor)				
	Would	20	20	18	22
	Would not	76	80	82	78
	Not sure	4	-	-	-
11c.	*Whether usual doctor is a generalist or a specialist* (Base: Those with a usual doctor)				
	Generalist	81	82	84	81
	Specialist	18	17	16	18
	Not sure	1	*	-	1

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over		
			All	Arthritis as Sole Condition	Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
11d.	*Specialty of specialists who are used as usual doctors* (Base: Those with a usual doctor who is a specialist)				
	Cardiologist	29	8	10	6
	Dermatologist	-	-	-	-
	Diabetologist	2	-	-	-
	Endocrinologist	2	3	-	6
	Gastroenterologist	2	3	5	-
	Gynecologist	19	16	25	6
	Neurologist	2	-	-	-
	Obstetrician	2	-	-	-
	Opthalmologist	-	-	-	-
	Psychiatrist	-	-	-	-
	Rheumatolōgist	4	34	28	41
	Surgeon	12	12	8	18
	Urologist	2	-	-	-
	Allergist	*	-	-	-
	Otorhinolaryngologist	-	-	-	-
	Other	18	16	20	12
	Not sure	1	8	5	12
12.	*Age of usual doctor* (Base: Those with a usual doctor)				
	Under 30	*	1	2	-
	30-39 years	14	14	14	13
	40-49 years	32	33	34	32
	50-59 years	35	29	28	30
	60-69 years	14	18	16	21
	70 or over	2	2	2	2
	Not sure	1	3	3	2
13.	*Sex of usual doctor* (Base: Those with a usual doctor)				
	Male	96	97	96	98
	Female	4	3	4	2

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over		
			All	Arthritis as Sole Condition	Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
14.	*Length of time seeing usual doctor* (Base: Those with a usual doctor)				
	Less than one year	5	4	3	4
	At least one year but less than three years	17	17	18	15
	At least three years but less than six years	22	17	17	18
	Six years or more	55	60	58	63
	Not sure	1	2	4	-
15.	*Ever had to see a doctor other than usual doctor* (Base: Those with a usual doctor)				
	Has	27	28	29	26
	Has not	73	72	71	72
	Not sure	1	*	-	1
16.	*How bothered by having to see another doctor* (Base: Those with a usual doctor who have had to see another doctor instead)				
	Bothered a great deal	7	8	6	12
	Bothered somewhat	17	27	29	24
	Bothered not very much	19	18	17	20
	Not bothered at all	57	46	49	43
	Not sure	*	-	-	-
17a.	*Selected usual doctor on the basis of a physician referral* (Base: Those with a usual doctor)				
	Did	25	26	20	34
	Did not	74	72	77	66
	Not sure	1	2	3	-
17b.	*Selected usual doctor because respondent was ill* (Base: Those with a usual doctor)				
	Did	36	41	36	48
	Did not	63	56	60	52
	Not sure	2	3	4	-

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over		
			All	Arthritis as Sole Condition	Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
22a.	*Thinks doctors in general:*				
	Are mainly interested in helping patients	22	24	28	20
	Are mainly interested in making money	10	11	9	14
	Are mainly interested in both	64	61	61	62
	All, none, some combination (vol.)	1	1	1	1
	Not sure	3	3	2	4
22b.	*Thinks usual doctor:* (Base: Those with a usual doctor)				
	Is mainly interested in helping patients	51	47	49	45
	Is mainly interested in making money	1	1	2	1
	Is mainly interested in both	45	49	48	50
	All, none, some combination (vol.)	-	1	1	1
	Not sure	3	1	1	2
23.	*Ever stopped going to or changed doctors because of dissatisfaction*				
	Has	41	46	42	51
	Has not	59	54	58	49
	Not sure	*	-	-	-
25a.	*Likelihood of getting a prescription for a long-term health problem filled*				
	Very likely	91	88	85	91
	Somewhat likely	6	6	9	3
	Not very likely	1	3	2	4
	Not likely at all	1	3	4	2
	Not sure	1	-	-	-
25a.	*Likelihood of getting a prescription for a short-term health problem filled*				
	Very likely	92	92	91	92
	Somewhat likely	5	6	4	6
	Not very likely	1	1	1	-
	Not likely at all	2	1	2	-
	Not sure	1	*	1	-

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over: All	Arthritis Patients 35 and Over: Arthritis as Sole Condition	Arthritis Patients 35 and Over: Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
25b.	*Whether respondent filled most recent prescription for a long-term health problem*				
	Did fill	94	92	89	96
	Did not fill	6	7	10	4
	Not sure	*	*	1	-
25b.	*Whether respondent filled most recent prescription for a short-term health problem*				
	Did fill	95	97	95	99
	Did not fill	4	2	4	-
	Not sure	1	1	1	1
26.	*Frequency of complying exactly with the doctor's instructions for the use of a prescription drug*				
	Always	66	71	71	71
	Most of the time	31	26	25	28
	Only some of the time	2	2	3	1
	Never	1	1	1	-
	Not applicable (vol.)	1	-	-	-
	Not sure	-	-	-	-
27.	*Whether drug noncompliers tend to take more or less than instructed* (Base: Those who do not always take prescription drugs exactly as instructed)				
	Take a little more or more frequently	7	8	5	12
	Take a little less or less frequently	82	82	90	70
	It depends (vol.)	8	7	5	10
	Not sure	3	4	-	8

(Continued)

Table 50 (Continued)
SUMMARY: ARTHRITICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Arthritis Patients 35 and Over		
			All	Arthritis as Sole Condition	Arthritis as Most Serious Condition
	Base	935	367	201	166
		%	%	%	%
29a.	*Ever been on long-term drug therapy*				
	Has been	30	37	28	49
	Has not been	69	62	72	50
	Not sure	*	*	-	1
29a.	*Ever taken more than one prescription drug regularly*				
	Has	30	35	20	54
	Has not	69	65	80	45
	Not sure	1	*	-	1
29a.	*Ever tried a medicine that was prescribed for someone else*				
	Has	14	10	8	11
	Has not	86	90	92	89
	Not sure	-	-	-	-
29a.	*Ever taken a medicine that was bought more than one year before*				
	Has	25	30	26	34
	Has not	74	70	74	64
	Not sure	1	1	-	-
29a.	Ever failed to refill a prescription for a long-term health problem				
	Has	9	13	11	17
	Has not	91	86	89	82
	Not sure	1	*	-	1
F9a.	Insured for hosptalization	93	90	90	90
F9a.	Insured for doctor visits	72	67	62	74
F9a.	Insured for prescription drugs	64	61	59	65

*Less than 0.5%.

Q.18a,18b

Table 51

PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF ARTHRITICS

Q.: In general, how important do you think it is for a doctor to (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

Q.: And how would you rate your own doctor on the job he or she is doing to (READ EACH ITEM)—would you say he or she is doing an excellent, pretty good, only fair or poor job on this?

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Arthritics 35 and Over						Arthritics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	367	221	146	89	278	788	321				
	%	%	%	%	%	%	%	%	%	%	%	%
Be knowledgeable and competent to treat your illnesses												
Very important/ excellent	98	99	100	96	97	99	69	68	69	64	64	69
Somewhat important/ pretty good	2	1	-	4	3	1	27	31	29	34	34	29
Not very important/ only fair	-	-	-	-	-	-	2	*	1	-	-	1
Not important at all/ poor	-	-	-	-	-	-	-	1	1	-	2	1
Not sure	*	-	-	-	-	-	1	*	-	1	-	1
Answer your questions honestly and completely												
Very important/ excellent	96	99	99	99	97	100	69	69	72	62	75	67
Somewhat important/ pretty good	3	1	1	1	3	-	26	26	24	32	21	28
Not very important/ only fair	-	-	-	-	-	-	4	2	3	1	2	2
Not important at all/ poor	-	-	-	-	-	-	*	-	-	-	-	-
Not sure	1	-	-	-	-	-	1	2	1	4	2	2

(Continued)

Table 51 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF ARTHRITICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Arthritics 35 and Over						Arthritics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	367	221	146	89	278	788	321				
	%	%	%	%	%	%	%	%	%	%	%	%
Explain your medical problems to you in language you can understand												
Very important/ excellent	96	98	98	97	95	99	68	72	73	69	75	71
Somewhat important/ pretty good	3	1	1	1	3	1	28	24	22	27	17	26
Not very important/ only fair	*	*	1	-	-	1	3	3	4	-	4	3
Not important at all/ poor	-	-	-	-	-	-	1	-	-	-	-	-
Not sure	1	*	-	1	2	-	1	2	1	4	4	1
Make sure you understand what you've been told about your medical problems												
Very important/ excellent	96	97	96	97	91	99	68	67	67	66	63	68
Somewhat important/ pretty good	4	3	4	1	8	1	28	29	28	31	37	26
Not very important/ only fair	-	-	-	-	-	-	3	3	5	-	-	4
Not important at all/ poor	*	-	-	-	-	-	1	-	-	-	-	-
Not sure	*	*	-	1	2	-	1	1	-	3	-	1

(Continued)

Q.18a,18b

Table 51 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF ARTHRITICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Arthritics 35 and Over						Arthritics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	367	221	146	89	278	788	321				
	%	%	%	%	%	%	%	%	%	%	%	%
Personally spend enough time with you to diagnose your problem and prescribe effective treatment												
Very important/ excellent	96	96	96	98	97	96	66	69	71	64	71	68
Somewhat important/ pretty good	4	3	4	2	3	3	28	25	23	30	25	26
Not very important/ only fair	*	-	-	-	-	-	5	3	5	-	-	4
Not important at all/ poor	-	-	-	-	-	-	1	-	-	-	-	-
Not sure	*	*	1	-	-	1	1	2	1	6	4	2
Really care about you and your health												
Very important/ excellent	92	93	91	97	91	94	68	71	72	69	74	71
Somewhat important/ pretty good	6	5	6	1	6	4	27	25	25	24	24	25
Not very important/ only fair	1	1	2	-	2	1	4	3	3	3	2	3
Not important at all/ poor	1	-	-	-	-	-	*	-	-	-	-	-
Not sure	1	1	1	1	2	1	1	1	-	4	-	2

(Continued)

Q.18a,18b

Table 51 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF ARTHRITICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Arthritics 35 and Over						Arthritics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	367	221	146	89	278	788	321				
	%	%	%	%	%	%	%	%	%	%	%	%
Make a special effort to get you to explain your symptoms and problems completely												
Very important/ excellent	93	94	93	97	95	94	65	66	68	63	63	67
Somewhat important/ pretty good	5	5	7	1	3	6	30	31	29	34	37	29
Not very important/ only fair	1	-	-	-	-	-	4	2	3	-	-	2
Not important at all/ poor	*	-	-	-	-	-	1	-	-	-	-	-
Not sure	1	1	1	1	2	1	1	1	-	3	-	1
Keep his or her medical fees reasonable												
Very important/ excellent	87	90	88	94	85	92	40	41	43	37	24	46
Somewhat important/ pretty good	10	7	9	4	11	6	41	44	45	42	54	41
Not very important/ only fair	1	1	2	-	2	1	12	8	7	10	10	7
Not important at all/ poor	1	*	1	-	2	-	2	3	3	1	6	2
Not sure	1	*	-	1	-	1	4	4	2	9	6	4

(Continued)

Q.18a,18b

Table 51 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF ARTHRITICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Arthritics 35 and Over						Arthritics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	367	221	146	89	278	788	321				
	%	%	%	%	%	%	%	%	%	%	%	%
Tell you about steps you could take to enjoy good health such as controlling your weight, getting enough exercise, and eating the right foods												
Very important/ excellent	84	84	86	79	80	85	56	54	53	56	55	53
Somewhat important/ pretty good	12	12	10	18	15	12	32	34	37	26	29	35
Not very important/ only fair	2	1	1	3	-	2	8	6	6	5	4	7
Not important at all/ poor	2	2	2	-	3	1	1	1	2	-	2	1
Not sure	1	1	1	-	2	1	3	5	2	12	10	4
Have a friendly personality												
Very important/ excellent	69	70	68	76	69	71	62	63	62	63	65	62
Somewhat important/ pretty good	25	26	28	21	25	26	33	33	33	34	29	34
Not very important/ only fair	3	2	2	1	3	1	4	3	4	2	4	3
Not important at all/ poor	2	1	2	-	3	1	1	*	1	-	2	-
Not sure	1	1	1	1	-	1	1	*	-	1	-	1

(Continued)

Q.18a,18b

Table 51 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF ARTHRITICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Arthritics 35 and Over						Arthritics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	367	221	146	89	278	788	321				
	%	%	%	%	%	%	%	%	%	%	%	%
Understand your economic circumstances												
Very important/ excellent	64	65	63	70	60	67	45	50	49	52	43	53
Somewhat important/ pretty good	25	22	24	18	23	22	34	34	36	28	42	31
Not very important/ only fair	5	4	4	5	8	3	8	8	8	8	6	9
Not important at all/ poor	4	8	9	6	9	7	2	1	1	1	2	1
Not sure	2	*	-	1	-	1	11	7	5	10	8	7

*Less than 0.5%.

Q.28

Table 52

SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: ARTHRITICS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

Q.: I'd like to read you some reasons people give for why they take less medicine, or take it less frequently, than their doctor has prescribed. For each, please tell me if it describes your reason very closely, somewhat closely, not very closely, or not closely at all.

	Total Adults 35 and Over	Arthritics 35 and Over
Base	247	80
	%	%
You felt better		
Very closely	45	39
Somewhat closely	27	33
Not very closely	7	5
Not closely at all	16	17
Not sure	6	5
You just forget		
Very closely	31	44
Somewhat closely	28	12
Not very closely	11	19
Not closely at all	29	21
Not sure	1	3
You're concerned about negative side effects		
Very closely	21	28
Somewhat closely	26	33
Not very closely	12	7
Not closely at all	40	30
Not sure	1	2

(Continued)

Q.28

Table 52 (Continued)
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: ARTHRITICS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

	Total Adults 35 and Over	Arthritics 35 and Over
Base	247	80
	%	%
You're concerned about how this medicine will interact with other medicines you're taking		
Very closely	18	19
Somewhat closely	17	19
Not very closely	9	5
Not closely at all	55	53
Not sure	1	3
You're not sure the medicine is actually working		
Very closely	13	10
Somewhat closely	24	25
Not very closely	12	12
Not closely at all	48	45
Not sure	4	7
Your doctor didn't emphasize the importance of taking this medicine exactly as he or she asked		
Very closely	13	14
Somewhat closely	20	25
Not very closely	14	16
Not closely at all	50	45
Not sure	3	-

(Continued)

Q.28

Table 52 (Continued)
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: ARTHRITICS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

	Total Adults 35 and Over	Arthritics 35 and Over
Base	247	80
	%	%
The medicine is too expensive		
Very closely	8	9
Somewhat closely	12	10
Not very closely	13	16
Not closely at all	66	60
Not sure	1	5
You didn't agree with your doctor's diagnosis or advice		
Very closely	11	9
Somewhat closely	11	6
Not very closely	13	17
Not closely at all	61	57
Not sure	5	10
You take so many medicines you can't remember which ones and how much you're supposed to take		
Very closely	7	5
Somewhat closely	6	2
Not very closely	9	10
Not closely at all	77	79
Not sure	2	3

Q.24

Table 53
WHY ARTHRITICS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

Q.: I'm going to read a list of reasons people sometimes give for getting so dissatisfied that they stop going to a doctor or change doctors. For each, please tell me if this has ever been a reason for you, or if it hasn't been a reason.

		Arthritics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	376	155							
	%	%	%	%	%	%	%	%	%
The doctor didn't spend enough time with you to diagnose your problem and prescribe effective treatment									
Has been a reason	48	48	48	46	36	52	47	49	49
Has not been a reason	51	52	52	54	64	48	53	51	51
Not sure	1	-	-	-	-	-	-	-	-
The doctor didn't have a friendly personality									
Has been a reason	36	35	36	26	27	37	32	39	42
Has not been a reason	63	65	64	74	73	63	68	61	58
Not sure	*	-	-	-	-	-	-	-	-
The doctor didn't answer your questions honestly and completely									
Has been a reason	41	43	46	26	44	42	37	52	44
Has not been a reason	58	57	54	74	56	58	63	48	56
Not sure	1	-	-	-	-	-	-	-	-
The treatment the doctor prescribed didn't work									
Has been a reason	38	50	52	41	45	52	59	36	57
Has not been a reason	61	50	48	59	55	48	41	64	43
Not sure	1	-	-	-	-	-	-	-	-

(Continued)

Q.24

Table 53 (Continued)
WHY ARTHRITICS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

		Arthritics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	376	155							
	%	%	%	%	%	%	%	%	%
The doctor wasn't knowledgeable and competent to treat your illness									
Has been a reason	38	38	38	36	53	33	34	44	27
Has not been a reason	60	59	59	59	47	62	61	54	65
Not sure	2	4	3	5	-	5	4	2	7
The doctor didn't explain your medical problems to you in language you could understand									
Has been a reason	29	27	29	15	18	30	27	26	37
Has not been a reason	70	73	71	85	82	70	73	74	63
Not sure	*	-	-	-	-	-	-	-	-
The doctor didn't seem up to date with new medical advances									
Has been a reason	27	30	30	31	31	30	27	36	37
Has not been a reason	71	66	66	64	62	67	69	61	60
Not sure	1	4	3	5	7	2	4	2	2
The doctor didn't treat you with respect									
Has been a reason	23	17	19	10	7	21	18	16	25
Has not been a reason	76	82	81	85	93	78	81	84	75
Not sure	*	1	-	5	-	1	1	-	-

(Continued)

Q.24

Table 53 (Continued)
WHY ARTHRITICS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

	Total Adults 35 and Over	Arthritics 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	376	155							
	%	%	%	%	%	%	%	%	%
The doctor wasn't always available when you needed him or her									
Has been a reason	25	35	34	36	15	41	40	26	42
Has not been a reason	75	65	66	64	85	59	60	74	58
Not sure	*	-	-	-	-	-	-	-	-
The doctor's fees weren't reasonable									
Has been a reason	23	26	27	26	22	28	27	26	30
Has not been a reason	76	73	72	74	78	71	72	74	70
Not sure	*	1	1	-	-	1	1	-	-
The doctor refused to accept a second opinion from another doctor on some medical decision affecting you									
Has been a reason	10	13	13	10	7	15	13	12	20
Has not been a reason	89	86	87	85	89	85	85	88	80
Not sure	*	1	-	5	4	-	1	-	-

Less than 0.5%

Q.19a,19c

Table 54
HOW DOCTORS AND ARTHRITICS 35 AND OVER MAKE DECISIONS ABOUT TREATMENT

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made--should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

Q.: In your experience, when it comes to making a decision about (READ EACH ITEM), how do you find a decision *is* actually made--does your doctor make the decision alone, or do you make the decision based on information from your doctor, or do you and your doctor agree together on what will be done?

	Arthritics 35 and Over						Arthritics 35 and Over With a Usual Doctor Who Have Been Faced With This Decision					
	Base	Doctor Should Make the Decision	Patient Should Make the Decision	Doctor and Patient Should Agree	Patient Alone Should Decide Without Information From Doctor (Vol.)	Not Sure	Base	Doctor Makes the Decision	Patient Makes the Decision	Doctor and Patient Agree	Patient Makes Decision Alone (Vol.)	Not Sure
		%	%	%	%	%		%	%	%	%	%
Having surgery	367	8	7	82	-	3	173	12	18	68	2	-
An exercise program	367	20	14	64	-	2	72	34	14	48	4	-
A restricted diet	367	32	7	58	-	3	98	33	8	56	2	2
Using a prescription drug	367	48	3	48	-	1	181	50	8	39	2	1

*Less than 0.5%.

Q.19a

Table 55
HOW DOCTORS AND ARTHRITICS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made--should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

		Arthritics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	
Using a prescription drug									
Doctor should make the decision	46	48	46	54	45	49	47	50	57
Patient should make the decision	5	3	4	-	8	1	3	3	1
Doctor and patient should agree	47	48	49	44	42	50	48	47	40
Patient alone should decide without information from the doctor (vol.)	1	-	-	-	-	-	-	-	-
Not sure	2	1	1	1	5	-	2	-	1
A restricted diet									
Doctor should make the decision	29	32	31	34	27	33	35	25	31
Patient should make the decision	8	7	6	10	9	7	7	9	8
Doctor and patient should agree	59	58	60	54	61	57	55	65	56
Patient alone should decide without information from the doctor (vol.)	2	-	-	-	-	-	-	-	-
Not sure	3	3	3	3	3	3	4	1	5

(Continued)

Q.19a

Table 55 (Continued)

HOW DOCTORS AND ARTHRITICS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

	Total Adults 35 and Over	Arthritics 35 and Over							
			Age		Sex		Education		Ever Took Multiple Drugs
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	
An exercise program									
Doctor should make the decision	13	20	18	23	18	20	24	10	21
Patient should make the decision	14	14	13	17	16	13	12	18	18
Doctor and patient should agree	70	64	68	55	66	63	62	68	59
Patient alone should decide without information from the doctor (vol.)	2	-	-	-	-	-	-	-	-
Not sure	2	2	1	6	-	3	2	4	1
Having surgery									
Doctor should make the decision	7	8	6	12	11	7	10	4	6
Patient should make the decision	11	7	8	7	16	5	7	8	2
Doctor and patient should agree	79	82	84	77	73	85	81	83	88
Patient alone should decide without information from the doctor (vol.)	1	-	-	-	-	-	-	-	-
Not sure	2	3	2	4	-	4	2	5	5

Q.20a

Table 56
REASONS ARTHRITICS DECIDE TO GO TO A DOCTOR

Q.: Have you ever gone to a doctor specifically because (READ EACH ITEM) or haven't you?

		Arthritics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	%
You felt you needed a checkup									
Have done	74	73	75	69	66	76	70	79	76
Have not done	26	27	25	31	34	24	30	21	24
Not sure	*	-	-	-	-	-	-	-	-
You wanted reassurance from a doctor that you were healthy									
Have done	38	31	34	26	34	31	31	33	36
Have not done	62	68	66	74	66	69	69	66	64
Not sure	1	*	1	-	-	1	-	1	-
You suffered a serious physical injury									
Have done	27	32	39	18	47	27	34	29	38
Have not done	73	66	60	79	53	71	65	67	58
Not sure	*	1	1	3	-	2	1	3	4
You were receiving regular treatment for a long-term health problem									
Have done	29	36	38	34	40	35	36	36	61
Have not done	71	63	62	66	60	64	63	64	39
Not sure	*	*	1	-	-	1	1	-	-
You wanted advice about steps you could take to stay healthy									
Have done	13	16	18	11	18	15	18	10	18
Have not done	86	84	82	88	80	85	81	90	82
Not sure	1	1	1	1	2	1	1	-	-

(Continued)

Q.20a

Table 56 (Continued)
REASONS ARTHRITICS DECIDE TO GO TO A DOCTOR

	Total Adults 35 and Over	Arthritics 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	%
You had some questions about a prescription drug you were taking									
Have done	12	11	14	6	8	12	13	7	23
Have not done	87	89	86	94	92	88	87	93	77
Not sure	*	-	-	-	-	-	-	-	-
You heard or read something about medical symptoms you thought you had									
Have done	10	7	9	4	6	8	7	8	8
Have not done	90	92	90	96	92	92	93	90	92
Not sure	*	*	1	-	2	-	-	1	-
You had a family problem you wanted to discuss									
Have done	10	6	8	3	-	9	7	5	8
Have not done	89	93	91	97	98	91	93	95	90
Not sure	*	*	1	-	2	-	1	-	1
You wanted to ask your doctor about a particular prescription drug you'd heard about									
Have done	7	5	6	1	8	4	6	3	6
Have not done	93	95	94	99	92	96	94	97	94
Not sure	*	-	-	-	-	-	-	-	-

*Less than 0.5%.

Q.21a

Table 57
REASONS ARTHRITICS DECIDE *NOT* TO GO TO A DOCTOR

Q.: I'm going to read a list of reasons people sometimes give for deciding *not* to go see a doctor. For each, please tell me if it's ever been a reason for you in deciding *not* to go see a doctor, or if it hasn't been a reason.

		Arthritics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	%
You thought your problem was too small to bother a busy doctor with									
Has been a reason	29	34	35	30	34	33	35	31	30
Has not been a reason	70	66	65	69	66	66	64	69	70
Not sure	1	*	-	1	-	1	1	-	-
The fee you'd have to pay yourself was too high									
Has been a reason	15	12	14	8	20	10	12	13	11
Has not been a reason	84	87	86	89	80	89	87	86	89
Not sure	*	1	-	3	-	1	1	1	-
It was inconvenient or difficult to travel to the doctor's office									
Has been a reason	13	10	12	6	6	11	9	12	14
Has not been a reason	87	90	88	94	94	89	91	88	86
Not sure	*	-	-	-	-	-	-	-	-
The doctor didn't seem to really care about you and your health									
Has been a reason	12	12	15	4	10	13	11	15	16
Has not been a reason	88	88	85	96	90	87	89	85	84
Not sure	*	-	-	-	-	-	-	-	-
The doctor wasn't available when you needed him or her									
Has been a reason	11	11	12	8	13	10	9	16	11
Has not been a reason	88	89	88	92	88	90	91	84	89
Not sure	*	-	-	-	-	-	-	-	-

(Continued)

Table 57 (Continued)
REASONS HEART PATIENTS DECIDE *NOT* TO GO TO A DOCTOR

	Total Adults 35 and Over	Arthritics 35 and Over							
			Age		Sex		Education		Ever Took Multiple Drugs
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	%
The doctor had an unpleasant personality									
Has been a reason	10	9	12	3	9	9	9	10	11
Has not been a reason	90	91	88	97	91	91	91	90	89
Not sure	*	-	-	-	-	-	-	-	-
You were afraid of what the doctor might find									
Has been a reason	6	5	7	-	2	6	5	4	2
Has not been a reason	94	95	93	100	98	94	95	96	98
Not sure	-	*	1	-	-		1	-	-
You were afraid the doctor would ask you to lose weight or get more exercise									
Has been a reason	4	4	5	1	2	5	5	4	1
Has not been a reason	95	96	95	99	98	95	96	96	99
Not sure	*	-	-	-	-	-	-	-	-
You thought your medical problem was so serious that a visit wouldn't do anything to help you									
Has been a reason	3	2	2	1	-	2	2	-	4
Has not been a reason	96	98	98	97	100	97	97	100	95
Not sure	*	*	-	1	-	1	1	-	1
You were too embarrassed to discuss your medical problem									
Has been a reason	2	2	2	1	-	3	1	4	1
Has not been a reason	98	98	98	99	100	97	99	96	99
Not sure	-	-	-	-	-	-	-	-	-

*Less than 0.5%.

II.4: DIABETICS 35 AND OVER

Because of their higher-than-average age and the relatively great number of other chronic conditions they suffer, diabetics are more deeply involved with the health care system than patients with the other chronic conditions evaluated in this study (Table 58).

More than 9 diabetics in 10 (93%) have a usual place of care, compared with only 84% of all Americans 35 and over.

Nearly a third (32%) of diabetics have called (without seeing) a doctor in the past twelve months, compared with scarcely a quarter (24%) of all Americans.

Over 6 diabetics in 10 (62%) have seen a doctor at least four times in the past year; only 26% of all Americans 35 and over have seen a doctor this often.

Nearly 6 diabetics in 10 (57%) have seen two or more different doctors in the past year, while only 49% of all Americans have done so.

Diabetics are marginally more likely than all Americans to have dropped a doctor because of dissatisfaction.

Far from holding negative attitudes toward their doctors or the health care system, however, diabetics tend to be generally more positive than all Americans about their medical experiences.

Fully 62% say they are very satisfied with the health care services they and members of their families have received recently, compared with 55% of all Americans 35 and over.

Twenty-seven percent of the nation's diabetics say doctors in general are mainly interested in helping patients, higher than the 22% of all Americans 35 and over who hold this view; 60% of diabetics (but 64% of all Americans 35 and over) think doctors in general are interested in making money as well as in helping patients.

Diabetics are also more generous to their own doctor. Fully 55% say their usual doctor is mainly interested in helping patients, compared with 51% of all Americans who feel this way about their usual doctor. Four diabetics in ten say their usual doctor is mainly interested in both helping patients and making money, compared with 45% of Americans as a whole who take this position on their usual doctor.

Doctors also fare better at the hands of diabetics in terms of specific evaluations (Table 59). Indeed, diabetics are consistently if unspectacularly more likely to give their usual doctor an excellent rating than are all Americans 35 or over. The larger differences are presented here.

Nearly 7 diabetics in 10 (68%) give their usual doctor an excellent rating on telling them about steps they could take to enjoy good health, while only 56% of all Americans 35 and over so rate their doctors.

A narrow majority (51%) of diabetics give their doctor an excellent rating on understanding their economic circumstances, compared with only 45% of all Americans 35 and over.

Diabetics also feel a little better about their doctor's fees than do all Americans; 44% of diabetics (but only 40% of all Americans 35 and over) give their doctor an excellent rating on keeping their medical fees reasonable.

Diabetics are more likely to give their doctor excellent marks on a having a friendly personality—66% versus 62% for all Americans.

More than 7 diabetics in 10 (72%) give their doctor an excellent evaluation on being knowledgeable and competent, slightly higher than the proportion of all Americans with this view of their own doctor (69%).

Diabetics are also slightly more likely than all Americans to consider their doctor excellent at making a special effort to get patients to explain their symptoms and problems completely.

Observation:
For all their medical problems, diabetics have a generally upbeat view of the health care system and their own doctors. This attitude may owe more to the nature of their illness than to their specific experiences with the system. Many have probably benefited from successful therapy, and its possible that diabetics—more so than arthritics or heart patients—have come to terms with the seriousness of their condition and approach the system with more modest expectations.

Diabetics who have dropped a doctor because of dissatisfaction are more likely than all Americans 35 and over to have done so because the doctor didn't seem knowledgeable or up to date with new medical advances and less likely to have dropped a doctor because of fees (Table 60).

Diabetics consider themselves good drug compliers; 82% say they always follow the doctor's instructions exactly (Table 58). Undercompliers, however, are less likely than all Americans to say that "feeling better" describes their reason for undercompliance very closely and are more likely to say this about the cost of the drug (Table 61).

Diabetics trace the same pattern as all Americans 35 and over in arriving at treatment decisions with their doctor; greater proportions think that they should be in agreement with their doctor on a course of action than have found this to be the case (Table 62). Predictably, older and less educated diabetics are the most likely to look to the doctor alone for a decision (Table 63).

Diabetics go or don't go to the doctor for about the same reasons as all Americans 35 and over (Tables 64 and 65). They are somewhat more likely to go for a long-term health problem or for advice about what

steps they can take to stay healthy. They are less likely to decide *not* to see a doctor out of concern for bothering a busy doctor with a small problem.

Fully 68% of these diabetics use or have used insulin injections to control their condition; 53% use or have used tablets or pills; and 88% use or have used a special diet to control their diabetes.

More than 4 diabetics in 10 (42%) have seen a specialist in the past year (Table 58); 46% of those diabetics who have seen a specialist have seen two or more specialists. Those specialists seen by the greatest number of diabetics: ophthalmologists (35% of those who have seen a specialist), diabetologists (28%), cardiologists (14%), and endocrinologists (10%).

Diabetics are slightly more likely than all Americans 35 and over to use a specialist for their usual medical care (21% versus 18%)—most frequently a diabetologist (46% of those whose usual doctor is a specialist) or an endocrinologist (18%).

Diabetics are significantly more likely than all Americans 35 and over to have originally selected their usual doctor either by referral from another physician or because they were ill and needed immediate medical care.

These diabetics are much more likely than all Americans to have been on long-term drug therapy and to have taken more than one prescription drug regularly. But they are significantly less likely than all Americans 35 and over to have tried a drug that was prescribed for a friend or relative, not for themselves.

Table 58
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetics 35 and Over: Diabetes as Sole Condition	Diabetics 35 and Over: Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
2.	*Overall satisfaction with health care services*				
	Very satisfied	55	62	55	65
	Somewhat satisfied	29	25	30	22
	Somewhat dissatisfied	6	6	5	6
	Very dissatisfied	5	3	3	3
	Have not used (vol.)	3	1	1	1
	Not sure	2	4	6	2
3.	*Self-reported health status*				
	Excellent	39	15	29	10
	Pretty good	47	60	59	60
	Only fair	10	20	9	24
	Poor	3	5	3	5
	Not sure	1	*	-	*
4.	*Usual place of care*				
	Yes, has usual place of care	84	93	91	93
	No, does not have usual place of care	16	7	9	6
	Not sure	*	*	-	*
5.	*Usual place of care* (Base: Those with a usual place of care)				
	Doctor's office	78	80	79	80
	Clinic	16	14	15	14
	Hospital emergency room	4	4	5	3
	Other	3	3	2	2
	Not sure	*	-	-	-
6a.	*Called a doctor in the past year without seeing a doctor*				
	Yes, has called	24	32	27	34
	No, has not called	75	68	73	65
	Not sure	1	1	-	1

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetes as Sole Condition	Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
6b.	*Number of times respondent has seen a doctor in the past year*				
	None	24	6	12	4
	1 time	25	8	13	6
	2 to 3 times	25	24	34	20
	4 to 6 times	14	36	30	38
	7 to 10 times	4	8	3	10
	More than 10 times	7	16	9	19
	Not sure	1	2	-	3
7.	*Number of different doctors seen in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	1	51	43	56	38
	2	32	30	23	33
	3 or more	17	27	21	29
	Not sure	*	-	-	-
8.	*Whether respondent has seen a specialist in the past year* (Base: Those who have seen a doctor about their health at least once during the past year)				
	Has seen specialist	34	42	30	46
	Has not seen specialist	65	58	70	52
	Not sure	*	1	-	1
9.	*Number of different specialists seen in past year* (Base: Those who have seen a specialist)				
	1	63	53	52	5-
	2	24	23	23	23
	3 or more	11	23	26	22
	Not sure	2	-	-	-

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetics 35 and Over: Diabetes as Sole Condition	Diabetics 35 and Over: Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
10.	*Type of medical specialist seen in past year* (Base: Those who have seen a specialist)				
	Cardiologist	17	14	10	16
	Dermatologist	8	6	10	5
	Diabetologist	2	28	39	26
	Endocrinologist	4	10	16	8
	Gastroenterologist	3	6	-	7
	Gynecologist	22	7	6	7
	Neurologist	7	5	-	6
	Obstetrician	*	-	-	-
	Opnthalmologist	11	35	39	34
	Psychiatrist	1	1	-	2
	Rheumatologist	7	7	-	8
	Surgeon	18	9	3	10
	Urologist	7	8	6	8
	Allergist	3	1	-	2
	Otorhinolaryngologist	8	3	-	3
	Other	17	19	13	21
	Not sure	2	3	3	2
11a.	*Has usual doctor*				
	Has	81	93	89	94
	Does not have	19	7	10	6
	Not sure	-	*	1	-
11b.	*Would turn to one particular doctor in an emergency* (Base: Those who have no usual doctor)				
	Would	20	33	23	41
	Would not	76	60	77	47
	Not sure	4	7	-	12
11c.	*Whether usual doctor is a generalist or a specialist* (Base: Those with a usual doctor)				
	Generalist	81	78	82	77
	Specialist	18	21	18	22
	Not sure	1	1	-	1

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetics 35 and Over: Diabetes as Sole Condition	Diabetics 35 and Over: Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
11d.	*Specialty of specialists who are used as usual doctors* (Base: Those with a usual doctor who is a specialist)				
	Cardiologist	29	13	10	13
	Dermatologist	-	-	-	-
	Diabetologist	2	46	35	50
	Endocrinologist	2	18	20	17
	Gastroenterologist	2	3	5	2
	Gynecologist	19	4	10	2
	Neurologist	2	1	-	2
	Obstetrician	2	-	-	-
	Ophthalmologist	-	1	-	2
	Psychiatrist	-	-	-	-
	Rheumatologist	4	-	-	-
	Surgeon	12	5	5	5
	Urologist	2	-	-	-
	Allergist	*	-	-	-
	Otorhinolaryngologist	-	-	-	-
	Other	18	8	10	7
	Not sure	1	3	5	2
12.	*Age of usual doctor* (Base: those with a usual doctor)				
	Under 30	*	1	-	1
	30-39 years	14	19	20	18
	40-49 years	32	38	33	40
	50-59 years	35	25	29	23
	60-69 years	14	14	14	14
	70 or over	2	2	2	2
	Not sure	1	2	2	2
13.	*Sex of usual doctor* (Base: Those with a usual doctor)				
	Male	96	94	98	92
	Female	4	6	2	8

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetes as Sole Condition	Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
14.	*Length of time seeing usual doctor* (Base: Those with a usual doctor)				
	Less than one year	5	8	8	8
	At least one year but less than three years	17	19	17	20
	At least three years but less than six years	22	20	23	18
	Six years or more	55	52	50	52
	Not sure	1	1	1	*
15.	*Ever had to see a doctor other than usual doctor* (Base: Those with a usual doctor)				
	Has	27	26	16	31
	Has not	73	73	84	69
	Not sure	1	*	-	*
16.	*How bothered by having to see another doctor* (Base: Those with a usual doctor who have had to see another doctor instead)				
	Bothered a great deal	7	11	-	13
	Bothered somewhat	17	22	29	20
	Bothered not very much	19	12	12	12
	Not bothered at all	57	53	53	53
	Not sure	*	2	6	1
17a.	*Selected usual doctor on the basis of a physician referral* (Base: Those with a usual doctor)				
	Did	25	32	21	36
	Did not	74	66	77	61
	Not sure	1	3	2	3
17b.	*Selected usual doctor because respondent was ill* (Base: those with a usual doctor)				
	Did	36	42	31	46
	Did not	63	56	66	52
	Not sure	2	2	3	2

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetes as Sole Condition	Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
22a.	*Thinks doctors in general:*				
	Are mainly interested in helping patients	22	27	20	30
	Are mainly interested in making money	10	9	13	7
	Are mainly interested in both	64	60	61	59
	All, none, some combination (vol.)	1	1	1	*
	Not sure	3	5	5	4
22b.	*Thinks usual doctor:* (Base: Those with a usual doctor)				
	Is mainly interested in helping patients	51	55	43	60
	Is mainly interested in making money	1	2	5	1
	Is mainly interested in both	45	40	50	36
	All, none, some combination (vol.)	-	*	-	*
	Not sure	3	2	2	2
23.	*Ever stopped going to or changed doctors because of dissatisfaction*				
	Has	41	43	38	46
	Has not	59	57	61	54
	Not sure	*	*	1	-
25a.	*Likelihood of getting a prescription for a long-term health problem filled*				
	Very likely	91	95	93	96
	Somewhat likely	6	4	3	3
	Not very likely	1	*	-	*
	Not likely at all	1	*	1	-
	Not sure	1	1	2	*
25a.	*Likelihood of getting a prescription for a short-term health problem filled*				
	Very likely	92	93	90	94
	Somewhat likely	5	4	4	3
	Not very likely	1	1	1	1
	Not likely at all	2	1	-	2
	Not sure	1	2	5	*

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetics 35 and Over: Diabetes as Sole Condition	Diabetics 35 and Over: Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
25b.	*Whether respondent filled most recent prescription for a long-term health problem*				
	Did fill	94	99	99	99
	Did not fill	6	1	-	1
	Not sure	*	*	1	-
25b.	*Whether respondent filled most recent prescription for a short-term health problem*				
	Did fill	95	95	92	96
	Did not fill	4	3	6	2
	Not sure	1	2	2	2
26.	*Frequency of complying exactly with the doctor's instructions for the use of a prescription drug*				
	Always	66	82	82	83
	Most of the time	31	17	16	17
	Only some of the time	2	1	2	1
	Never	1	-	-	-
	Not applicable (vol.)	1	*	1	-
	Not sure	-	-	-	-
27.	*Whether drug noncompliers tend to take more or less than instructed* (Base: Those who do not always take prescription drugs exactly as instructed)				
	Take a little more or more frequently	7	1	-	2
	Take a little less or less frequently	82	73	64	78
	It depends (vol.)	8	15	23	12
	Not sure	3	8	14	6

(Continued)

Table 58 (Continued)
SUMMARY: DIABETICS 35 AND OVER

Question Number	Question	Total Adults 35 and Over	Diabetics 35 and Over: All	Diabetics 35 and Over: Diabetes as Sole Condition	Diabetics 35 and Over: Diabetes as Most Serious Condition
	Base	935	400	119	281
		%	%	%	%
29a.	*Ever been on long-term drug therapy*				
	Has been	30	60	43	67
	Has not been	69	39	57	32
	Not sure	*	1	-	1
29a.	*Ever taken more than one prescription drug regularly*				
	Has	30	56	18	71
	Has not	69	45	82	29
	Not sure	1	-	-	-
29a.	*Ever tried a medicine that was prescribed for someone else*				
	Has	14	6	7	6
	Has not	86	94	93	94
	Not sure	-	-	-	-
29a.	*Ever taken a medicine that was bought more than one year before*				
	Has	25	23	20	25
	Has not	74	76	78	74
	Not sure	1	1	2	1
29a.	*Ever failed to refill a prescription for a long-term health problem*				
	Has	9	9	4	11
	Has not	91	91	95	89
	Not sure	1	*	1	-
F9a.	Insured for hospitalization	93	95	92	96
F9a.	Insured for doctor visits	72	79	78	79
F9a.	Insured for prescription drugs	64	70	64	72

*Less than 0.5%.

Q 18a,18b

Table 59
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF DIABETICS

Q.: In general, how important do you think it is for a doctor to (READ EACH ITEM)--very important, somewhat important, not very important, or not important at all?

Q.: And how would you rate your own doctor on the job he or she is doing to (READ EACH ITEM)--would you say he or she is doing an excellent, pretty good, only fair or poor job on this?

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Diabetics 35 and Over						Diabetics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	400	235	165	171	229	788	380				
	%	%	%	%	%	%	%	%	%	%	%	%
Be knowledgeable and competent to treat your illnesses												
Very important/ excellent	98	97	98	96	96	98	69	72	71	73	68	75
Somewhat important/ pretty good	2	2	2	3	2	2	27	24	25	24	27	23
Not very important/ only fair	-	-	-	-	-	-	2	2	2	3	4	1
Not important at all/poor	-	*	*	-	1	-	1	-	-	-	-	-
Not sure	*	*	-	1	1	-	1	1	1	1	1	1
Answer your questions honestly and completely												
Very important/ excellent	96	96	97	95	95	97	69	68	68	69	63	72
Somewhat important/ pretty good	3	2	2	2	2	2	26	27	27	26	32	23
Not very important/ only fair	-	1	-	1	1	*	4	3	3	3	3	2
Not important at all/poor	-	-	-	-	-	-	*	*	-	1	1	-
Not sure	1	1	1	1	2	*	1	2	2	2	1	3

(Continued)

Q.18a,18b

Table 59 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF DIABETICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Diabetics 35 and Over						Diabetics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	400	235	165	171	229	788	380				
	%	%	%	%	%	%	%	%	%	%	%	%
Explain your medical problems to you in language you can understand												
Very important/ excellent	96	96	96	95	94	97	68	70	72	68	68	72
Somewhat important/ pretty good	3	3	3	2	2	3	28	26	25	26	28	24
Not very important/ only fair	*	1	-	1	1	-	3	3	2	4	3	4
Not important at all/poor	-	*	*	-	-	*	1	*	-	1	1	-
Not sure	1	1	*	2	3	-	1	1	*	1	1	1
Make sure you understand what you've been told about your medical problems												
Very important/ excellent	96	96	97	93	92	98	68	69	70	66	64	72
Somewhat important/ pretty good	4	3	2	4	5	1	28	27	26	29	31	24
Not very important/ only fair	-	1	*	1	1	*	3	3	4	3	5	2
Not important at all/poor	*	-	-	-	-	-	1	*	-	1	1	-
Not sure	*	1	-	2	2	*	1	1	*	2	1	1

(Continued)

Q.18a,18b

Table 59 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF DIABETICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Diabetics 35 and Over						Diabetics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	400	235	165	171	229	788	380				
	%	%	%	%	%	%	%	%	%	%	%	%
Personally spend enough time with you to diagnose your problem and prescribe effective treatment												
Very important/ excellent	96	95	96	94	92	97	66	68	66	71	60	74
Somewhat important/ pretty good	4	4	3	4	5	3	28	26	28	24	35	20
Not very important/ only fair	*	1	1	1	2	-	5	4	4	4	5	4
Not important at all/poor	-	-	-	-	-	-	1	1	1	1	1	1
Not sure	*	*	-	1	1	-	1	1	*	1	-	1
Really care about you and your health												
Very important/ excellent	92	95	95	96	93	97	68	70	68	74	66	73
Somewhat important/ pretty good	6	3	4	2	4	3	27	25	27	22	29	22
Not very important/ only fair	1	1	*	1	1	-	4	3	3	3	3	3
Not important at all/poor	1	-	-	-	-	-	*	1	*	1	1	*
Not sure	1	1	1	1	2	*	1	1	1	1	1	1

(Continued)

Q.18a,18b

Table 59 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF DIABETICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Diabetics 35 and Over						Diabetics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	400	235	165	171	229	788	380				
	%	%	%	%	%	%	%	%	%	%	%	%
Make a special effort to get you to explain your symptoms and problems completely												
Very important/ excellent	93	95	96	93	94	96	65	68	68	68	64	70
Somewhat important/ pretty good	5	4	3	4	4	3	30	24	24	25	27	23
Not very important/ only fair	1	-	-	-	-	-	4	6	7	5	7	6
Not important at all/poor	*	-	-	-	-	-	1	1	-	1	1	-
Not sure	1	2	*	3	2	1	1	1	1	1	1	1
Keep his or her medical fees reasonable												
Very important/ excellent	87	84	82	86	76	90	40	44	47	41	40	47
Somewhat important/ pretty good	10	13	15	10	19	8	41	37	35	40	38	36
Not very important/ only fair	1	1	*	2	1	1	12	10	10	10	12	9
Not important at all/poor	1	1	1	1	1	*	2	3	2	3	4	2
Not sure	1	2	2	1	2	1	4	6	7	5	6	6

(Continued)

Q.18a,18b

Table 59 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF DIABETICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Diabetics 35 and Over						Diabetics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	400	235	165	171	229	788	380				
	%	%	%	%	%	%	%	%	%	%	%	%
Tell you about steps you could take to enjoy good health such as controlling your weight, getting enough exercise, and eating the right foods												
Very important/ excellent	84	92	91	95	88	96	56	68	69	68	63	72
Somewhat important/ pretty good	12	6	8	4	9	4	32	26	25	28	32	22
Not very important/ only fair	1	-	-	-	-	-	8	4	4	3	4	4
Not important at all/poor	2	1	1	1	2	*	1	1	1	1	1	1
Not sure	1	1	1	-	1	-	3	1	1	1	-	2
Have a friendly personality												
Very important/ excellent	69	74	69	81	64	82	62	66	66	66	60	69
Somewhat important/ pretty good	25	22	28	13	29	17	33	28	28	29	33	25
Not very important/ only fair	3	2	1	3	4	*	4	4	4	4	5	4
Not important at all/poor	2	2	1	2	3	*	1	1	*	1	1	*
Not sure	1	1	*	1	1	*	1	1	1	1	-	1

(Continued)

Q.18a, 18b

Table 59 (Continued)
PHYSICIAN RATINGS: BY SELECTED DEMOGRAPHIC SUBGROUPS OF DIABETICS

	Adults 35 and Over						Adults 35 and Over With a Usual Doctor					
		Diabetics 35 and Over						Diabetics 35 and Over				
			Age		Sex				Age		Sex	
	Total	All	35-64 Years	65 and Over	Male	Female	Total	All	35-64 Years	65 and Over	Male	Female
Base	935	400	235	165	171	229	788	380				
	%	%	%	%	%	%	%	%	%	%	%	%
Understand your economic circumstances												
Very important/ excellent	64	68	63	73	53	79	45	51	50	52	47	53
Somewhat important/ pretty good	25	22	26	17	28	18	34	30	30	31	29	31
Not very important/ only fair	5	5	6	3	9	1	8	7	7	6	8	5
Not important at all/poor	4	3	3	2	6	*	2	1	2	1	1	1
Not sure	2	3	2	5	5	2	11	11	11	11	14	9

**Less than 0.5%*

Q.24

Table 60
WHY DIABETICS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

Q.: I'm going to read a list of reasons people sometimes give for getting so dissatisfied that they stop going to a doctor or change doctors. For each, please tell me if this has ever been a reason for you, or if it hasn't been a reason.

		Diabetics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	376	173							
	%	%	%	%	%	%	%	%	%
The doctor didn't spend enough time with you to diagnose your problem and prescribe effective treatment									
Has been a reason	48	49	54	40	42	53	55	42	44
Has not been a reason	51	50	45	59	56	47	43	57	55
Not sure	1	1	1	2	3	-	1	1	1
The doctor didn't answer your questions honestly and completely									
Has been a reason	41	42	46	35	38	46	43	41	47
Has not been a reason	58	54	52	57	56	52	52	56	49
Not sure	1	4	2	8	7	2	5	3	4
The treatment the doctor prescribed didn't work									
Has been a reason	38	40	44	33	38	42	36	43	48
Has not been a reason	61	58	54	65	58	57	61	54	50
Not sure	1	2	3	2	4	1	2	2	2
The doctor wasn't knowledgeable and competent to treat your illness									
Has been a reason	38	45	46	43	49	43	41	49	45
Has not been a reason	60	54	53	56	49	57	58	50	55
Not sure	2	1	1	2	3	-	1	1	1

(Continued)

Q.24

Table 60 (Continued)
WHY DIABETICS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

	Total Adults 35 and Over	Diabetics 35 and Over							
			Age		Sex		Education		Ever Took Multiple Drugs
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	
Base	376	173							
	%	%	%	%	%	%	%	%	%
The doctor didn't have a friendly personality									
Has been a reason	36	32	36	24	33	31	28	36	31
Has not been a reason	63	67	63	75	64	69	71	63	68
Not sure	*	1	1	2	3	-	1	1	1
The doctor didn't explain your medical problems to you in language you could understand									
Has been a reason	29	31	34	25	28	33	35	27	34
Has not been a reason	70	67	65	70	69	65	61	72	64
Not sure	*	2	1	5	3	2	4	1	3
The doctor didn't seem up to date with new medical advances									
Has been a reason	27	31	28	35	29	32	31	30	32
Has not been a reason	71	68	70	63	67	68	67	68	66
Not sure	1	2	2	2	4	-	1	2	2
The doctor wasn't always available when you needed him or her									
Has been a reason	25	26	31	17	22	29	23	29	27
Has not been a reason	75	73	68	81	75	71	76	70	72
Not sure	*	1	1	2	3	-	1	1	1
The doctor's fees weren't reasonable									
Has been a reason	23	17	17	16	13	20	18	16	19
Has not been a reason	76	82	81	83	83	80	80	83	80
Not sure	*	2	2	2	4	-	2	1	1

(Continued)

Q.24

Table 60 (Continued)
WHY DIABETICS HAVE CHANGED DOCTORS

Base: Those who have stopped going to a doctor or changed doctors because they were dissatisfied in any way

	Total Adults 35 and Over	Diabetics 35 and Over							
			Age		Sex		Education		Ever Took Multiple Drugs
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	
Base	376	173							
	%	%	%	%	%	%	%	%	%
The doctor didn't treat you with respect									
Has been a reason	23	23	26	17	18	27	25	21	23
Has not been a reason	76	76	73	81	79	73	73	78	76
Not sure	*	1	1	2	3	-	1	1	1
The doctor refused to accept a second opinion from another doctor on some medical decision affecting you									
Has been a reason	10	9	12	5	10	9	12	7	8
Has not been a reason	89	89	87	92	88	90	86	92	90
Not sure	*	2	1	3	3	1	2	1	2

*Less than 0.5%.

Q.28

Table 61

SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: DIABETICS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

Q.: I'd like to read you some reasons people give for why they take less medicine, or take it less frequently, than their doctor has prescribed. For each, please tell me if it describes your reason very closely, somewhat closely, not very closely, or not closely at all.

	Total Adults 35 and Over	Diabetics 35 and Over
Base	247	52
	%	%
You felt better		
Very closely	45	38
Somewhat closely	27	33
Not very closely	7	12
Not closely at all	16	13
Not sure	6	4
You just forget		
Very closely	31	35
Somewhat closely	28	12
Not very closely	11	10
Not closely at all	29	38
Not sure	1	6
You're concerned about negative side effects		
Very closely	21	21
Somewhat closely	26	25
Not very closely	12	19
Not closely at all	40	35
Not sure	1	-
You're concerned about how this medicine will interact with other medicines you're taking		
Very closely	18	19
Somewhat closely	17	23
Not very closely	9	19
Not closely at all	55	38
Not sure	1	-

(Continued)

Q.28

Table 61 (Continued)
SELF-REPORTED REASONS FOR PRESCRIPTION DRUG NONCOMPLIANCE: DIABETICS

Base: Those who don't always take prescription drugs exactly as instructed and who tend to take a little less of their prescription drug or to take it less frequently than instructed

	Total Adults 35 and Over	Diabetics 35 and Over
Base	**247**	**52**
	%	%
You're not sure the medicine is actually working		
Very closely	13	8
Somewhat closely	24	27
Not very closely	12	13
Not closely at all	48	44
Not sure	4	8
Your doctor didn't emphasize the importance of taking this medicine exactly as he or she asked		
Very closely	13	13
Somewhat closely	20	12
Not very closely	14	8
Not closely at all	50	56
Not sure	3	12
The medicine is too expensive		
Very closely	8	17
Somewhat closely	12	8
Not very closely	13	12
Not closely at all	66	63
Not sure	1	-
You didn't agree with your doctor's diagnosis or advice		
Very closely	11	13
Somewhat closely	11	10
Not very closely	13	10
Not closely at all	61	63
Not sure	5	4
You take so many medicines you can't remember which ones and how much you're supposed to take		
Very closely	7	8
Somewhat closely	6	6
Not very closely	9	8
Not closely at all	77	75
Not sure	2	4

Q.19a,19c

Table 62

HOW DOCTORS AND DIABETICS MAKE DECISIONS ABOUT TREATMENT

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made --should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

Q.: In your experience, when it comes to making a decision about (READ EACH ITEM), how do you find a decision *is* actually made--does your doctor make the decision alone, or do you make the decision based on information from the doctor, or do you and your doctor agree together on what will be done?

	Diabetics 35 and Over						Diabetics 35 and Over With a Usual Doctor Who Have Been Faced With This Decision					
	Base	Doctor Should Make the Decision	Patient Should Make the Decision	Doctor and Patient Should Agree	Patient Alone Should Decide Without Information From Doctor (Vol.)	Not Sure	Base	Doctor Makes the Decision	Patient Makes the Decision	Doctor and Patient Agree	Patient Makes Decision Alone (Vol.)	Not Sure
		%	%	%	%	%		%	%	%	%	%
Having surgery	400	6	8	83	-	3	183	11	11	75	1	1
An exercise program	400	13	12	73	1	2	159	18	19	59	2	1
A restricted diet	400	26	5	68	1	1	285	24	14	60	1	1
Using a prescription drug	400	49	2	49	-	1	231	49	3	47	1	-

**Less than 0.5%.*

Q.19a

Table 63

HOW DOCTORS AND DIABETICS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

Q.: When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made—should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

		Diabetics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	235	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
Using a prescription drug									
Doctor should make the decision	46	49	45	53	57	42	52	45	50
Patient should make the decision	5	2	2	2	2	2	1	2	2
Doctor and patient should agree	47	49	52	45	41	55	47	53	48
Patient alone should decide without information from the doctor	1	-	-	-	-	-	-	-	-
Not sure (vol.)	2	1	1	-	-	1	*	1	-
A restricted diet									
Doctor should make the decision	29	26	21	33	27	25	30	22	26
Patient should make the decision	8	5	6	2	4	5	4	6	4
Doctor and patient should agree	59	68	71	64	67	69	65	71	69
Patient alone should decide without information from the doctor (vol.)	2	1	1	-	-	1	1	-	1
Not sure	3	1	1	1	1	*	*	1	-

(Continued)

Q.19a

Table 63 (Continued)

HOW DOCTORS AND DIABETICS MAKE DECISIONS ABOUT TREATMENT: BY DEMOGRAPHIC SUBGROUPS

	Total Adults 35 and Over	Diabetics 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	235	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
An exercise program									
Doctor should make the decision	13	13	9	18	13	13	14	11	14
Patient should make the decision	14	12	13	10	12	12	13	11	10
Doctor and patient should agree	70	73	75	69	73	72	71	75	73
Patient alone should decide without information from the doctor (vol.)	2	1	1	1	1	1	*	1	*
Not sure (vol.)	2	2	2	2	1	2	2	2	2
Having surgery									
Doctor should make the decision	7	6	5	7	8	4	5	6	5
Patient should make the decision	11	8	8	8	9	7	9	8	9
Doctor and patient should agree	79	83	84	81	80	85	83	82	81
Patient alone should decide without information from the doctor (vol.)	1	-	-	-	-	-	-	-	-
Not sure	2	3	3	4	3	3	3	4	5

*Less than 0.5%.

Q.20a

Table 64
REASONS DIABETICS DECIDE TO GO TO A DOCTOR

Q.: Have you ever gone to a doctor specifically because (READ EACH ITEM) or haven't you?

		Diabetics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	235	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
You felt you needed a checkup									
Have done	74	72	76	67	74	71	67	79	74
Have not done	26	27	24	32	26	28	32	20	25
Not sure	*	1	*	1	1	1	*	1	1
You wanted reassurance from a doctor that you were healthy									
Have done	38	32	32	31	35	29	29	35	34
Have not done	62	67	67	67	64	69	69	64	64
Not sure	1	2	1	2	2	1	2	1	1
You were receiving regular treatment for a long-term health problem									
Have done	29	67	74	56	68	66	58	79	73
Have not done	71	33	25	43	31	34	42	21	26
Not sure	*	1	*	1	1	-	*	1	*
You suffered a serious physical injury									
Have done	27	27	29	24	27	27	28	26	32
Have not done	73	73	70	76	73	72	72	73	67
Not sure	*	*	*	-	-	*	*	1	*
You wanted advice about steps you could take to stay healthy									
Have done	13	19	19	18	21	17	17	21	23
Have not done	86	80	80	81	78	82	82	79	77
Not sure	1	1	1	1	1	1	1	1	*

(Continued)

Q.20a

Table 64 (Continued)
REASONS DIABETICS DECIDE TO GO TO A DOCTOR

Q.: Have you ever gone to a doctor specifically because (READ EACH ITEM) or haven't you?

		Diabetics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	235	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
You had some questions about a prescription drug you were taking									
Have done	12	13	13	13	12	14	11	15	18
Have not done	87	87	87	87	88	86	89	85	82
Not sure	*	*	-	1	-	-	-	-	*
You heard or read something about medical symptoms you thought you had									
Have done	10	11	12	8	12	10	7	15	11
Have not done	90	89	88	92	88	90	92	85	89
Not sure	*	*	*	-	1	-	*	-	-
You had a family problem you wanted to discuss									
Have done	10	7	7	6	5	8	7	7	9
Have not done	89	93	93	94	95	92	93	93	91
Not sure	*	-	-	-	-	-	-	-	-
You wanted to ask your doctor about a particular prescription drug you'd heard about									
Have done	7	9	6	14	9	10	9	10	10
Have not done	93	91	94	86	91	90	91	90	90
Not sure	*	-	-	-	-	-	-	-	-

**Less than 0.5%.*

Q.21a

Table 65
REASONS DIABETICS DECIDE *NOT* TO GO TO THE DOCTOR

Q.: I'm going to read a list of reasons people sometimes give for deciding *not* to go see a doctor. For each, please tell me if it's ever been a reason for you in deciding *not* to go see a doctor, or if it hasn't been a reason.

		Diabetics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	235	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
You thought your problem was too small to bother a busy doctor with									
Has been a reason	29	25	27	22	26	24	25	25	27
Has not been a reason	70	75	73	77	73	76	74	75	73
Not sure	1	1	*	1	1	*	1	-	1
The fee you'd have to pay yourself was too high									
Has been a reason	15	14	17	9	11	16	15	12	14
Has not been a reason	84	86	83	91	89	84	85	88	86
Not sure	*	-	-	-	-	-	-	-	-
It was inconvenient or difficult to travel to the doctor's office									
Has been a reason	13	14	15	11	12	15	17	9	16
Has not been a reason	87	86	84	89	88	85	83	91	83
Not sure	*	*	*	-	1	-	*	-	*
The doctor didn't seem to really care about you and your health									
Has been a reason	12	13	15	10	11	14	10	16	15
Has not been a reason	88	87	85	90	89	86	90	84	85
Not sure	*	-	-	-	-	-	-	-	-
The doctor wasn't available when you needed him or her									
Has been a reason	11	12	17	5	13	11	10	15	16
Has not been a reason	88	87	83	92	85	88	88	85	83
Not sure	*	1	-	3	1	1	2	1	1

(Continued)

Q.21a

Table 65 (Continued)
REASONS DIABETICS DECIDE *NOT* TO GO TO THE DOCTOR

	Total Adults 35 and Over	Diabetics 35 and Over							
			Age		Sex		Education		
		All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	235	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
The doctor had an unpleasant personality									
Has been a reason	10	11	12	10	9	13	9	14	13
Has not been a reason	90	89	88	90	91	87	91	86	87
Not sure	*	-	-	-	-	-	-	-	-
You were afraid of what the doctor might find									
Has been a reason	6	5	6	2	2	6	5	4	4
Has not been a reason	94	96	94	98	98	94	95	96	96
Not sure	-	-	-	-	-	-	-	-	-
You were afraid the doctor would ask you to lose weight or get more exercise									
Has been a reason	4	7	8	4	4	8	6	7	8
Has not been a reason	95	94	92	96	96	92	94	93	92
Not sure	*	-	-	-	-	-	-	-	-
You thought your medical problem was so serious that a visit wouldn't do anything to help you									
Has been a reason	3	3	4	1	2	3	4	1	4
Has not been a reason	96	97	96	98	97	96	95	99	95
Not sure	*	1	-	1	1	*	1	-	1
You were too embarrassed to discuss your medical problem with a doctor									
Has been a reason	2	2	3	1	1	3	2	2	2
Has not been a reason	98	98	97	99	99	97	98	98	98
Not sure	-	-	-	-	-	-	-	-	-

*Less than 0.5%.

II.5: SOURCES OF INFORMATION ABOUT HEALTH CARE

Sizable demographic differences notwithstanding, patients with chronic conditions generally look to the same sources of information about health care as all Americans 35 and over (Table 66). They consider their doctor and pharmacist the most important sources, followed by voluntary health organizations, government publications, friends and neighbors, and health stories in newspapers and magazines. Several nuances are worth noting.

Reflecting their downscale demographic profile, arthritics are more likely than all Americans to consider their pharmacist a very important source of information. This is consistent with the finding in Section I that downscale patients generally attach more importance to the pharmacist as a source of information than do all Americans.

Diabetics are more likely than all Americans 35 and over to consider voluntary health organizations very important. This finding should be interpreted with caution, since the diabetic sample was drawn from subscription lists to publications of the American Diabetes Association, itself a voluntary health organization.

Arthritics are significantly more likely than all adults 35 and over to consider government publications a very important source of information about health care.

Arthritics are also more likely to cite friends and neighbors as an important source of information, while diabetics are less likely to do so.

Several nuances within conditions are also worth noting:

- Heart patients (Table 67): Women and those with a high school education or less are much more likely than all heart patients to consider their pharmacist very important. Men and those who have attended at least some college are much less likely than women or those with a high school education or less to consider voluntary health organizations very important. Older and less educated heart patients are more likely than all heart patients to consider friends and neighbors very important.
- Arthritics (Table 68): Less educated arthritics are much more likely than better educated arthritics to consider their pharmacist, voluntary health organizations, government publications, and friends and neighbors very important sources of information about health care. Additionally, women and older arthritics are much more likely than men and younger arthritics to consider their pharmacist a very important source of information.
- Diabetics (Table 69): Woman, less educated diabetics, and older diabetics are much more likely than all diabetics to consider their pharmacist a very important source of information. Older and less educated diabetics are also much more likely to find voluntary health organizations very important, while men and women do not differ significantly in this regard.

Q.30

Table 66
SOURCES OF INFORMATION ABOUT HEALTH CARE AMONG PATIENTS WITH CHRONIC CONDITIONS

Q.: When it comes to information about health in general and your medical problems in particular, how important a source do you consider (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

	Adults 35 and Over	Heart Patients 35 and Over	Arthritics 35 and Over	Diabetics 35 and Over
Base	935	535	367	400
	%	%	%	%
Your doctor				
Very important	90	91	91	93
Somewhat important	8	8	8	6
Not very important	1	1	-	1
Not important at all	*	-	1	*
Not sure	*	-	*	1
Your pharmacist				
Very important	61	59	68	64
Somewhat important	24	28	20	21
Not very important	7	6	5	7
Not important at all	5	5	4	7
Not sure	1	1	2	2
Voluntary health organizations such as the heart, lung, or diabetes associations				
Very important	53	52	54	61
Somewhat important	29	30	28	25
Not very important	7	7	4	5
Not important at all	5	4	6	4
Not sure	5	7	7	5
Government publications				
Very important	28	26	33	30
Somewhat important	45	46	41	38
Not very important	15	14	10	15
Not important at all	9	9	9	11
Not sure	4	5	7	7
Friends and neighbors				
Very important	22	24	29	18
Somewhat important	22	21	21	24
Not very important	30	31	22	30
Not important at all	23	22	26	27
Not sure	2	2	1	2
Health stories in newspapers and magazines				
Very important	18	16	20	21
Somewhat important	48	46	53	51
Not very important	20	22	15	19
Not important at all	12	12	12	9
Not sure	2	3	*	2

*Less than 0.5%.

Q.30

Table 67
SOURCES OF INFORMATION ABOUT HEALTH CARE: HEART PATIENTS

Q.: When it comes to information in general and your medical problems in particular, how important a source do you consider (READ EACH ITEM) — very important; somewhat important, not very important, or not important at all?

		Heart Patients 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	535	371	164	223	312	329	204	267
	%	%	%	%	%	%	%	%	%
Your doctor									
Very important	90	91	90	95	94	89	95	85	92
Somewhat important	8	8	9	4	6	10	4	14	7
Not very important	1	1	*	1	-	1	*	1	1
Not very important at all	*	-	-	-	-	-	-	-	-
Not sure	*	-	-	-	-	-	-	-	-
Your pharmacist									
Very important	61	59	59	59	50	67	72	39	64
Somewhat important	24	28	29	23	33	23	22	37	25
Not very important	7	6	7	5	7	6	3	12	5
Not very important at all	5	5	5	8	9	2	3	9	6
Not sure	1	1	*	5	1	2	1	2	-
Voluntary health organizations such as the heart, lung, or diabetes associations									
Very important	53	52	53	47	45	58	58	43	56
Somewhat important	29	30	31	26	34	26	28	33	26
Not very important	7	7	8	4	9	5	5	11	8
Not very important at all	5	4	3	6	4	4	3	4	5
Not sure	5	7	5	16	7	7	6	9	6
Government publications									
Very important	28	26	27	25	24	29	31	20	28
Somewhat important	45	46	47	42	45	47	44	50	47
Not very important	15	14	12	19	17	11	14	14	13
Not very important at all	9	9	10	7	9	9	7	12	7
Not sure	4	5	4	6	4	5	5	4	5
Friends and neighbors									
Very important	22	24	21	33	23	25	31	12	25
Somewhat important	22	21	23	14	17	24	23	17	18
Not very important	30	31	33	25	34	28	30	33	29
Not very important at all	23	22	22	23	23	21	13	36	26
Not sure	2	2	2	4	2	2	3	1	2
Health stories in newspapers and magazines									
Very important	18	16	16	18	12	20	19	12	17
Somewhat important	48	46	50	35	42	51	41	55	46
Not very important	20	22	21	25	26	19	24	19	22
Not very important at all	12	12	11	16	17	7	12	12	13
Not sure	2	3	2	5	3	3	3	3	3

*Less than 0.5%.

Q.30

Table 68

SOURCES OF INFORMATION ABOUT HEALTH CARE: ARTHRITICS

Q.: When it comes to information about health in general and your medical problems in particular, how important a source do you consider (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

		Arthritics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	367	221	146	89	278	254	111	136
	%	%	%	%	%	%	%	%	%
Your doctor									
Very important	90	91	90	92	88	92	92	89	93
Somewhat important	8	8	8	6	9	7	7	10	7
Not very important	1	-	-	-	-	-	-	-	-
Not very important at all	*	1	-	-	3	-	1	1	-
Not sure	*	*	1	1	-	1	1	-	-
Your pharmacist									
Very important	61	68	65	74	52	74	79	43	75
Somewhat important	24	20	21	18	27	18	14	35	19
Not very important	7	5	7	1	6	5	3	10	1
Not very important at all	5	4	5	1	8	3	2	8	2
Not sure	1	2	1	6	6	1	2	4	2
Voluntary health organizations such as the heart, lung, or diabetes associations									
Very important	53	54	56	52	52	55	63	36	55
Somewhat important	29	28	31	21	27	29	20	47	25
Not very important	7	4	3	5	2	4	4	3	4
Not very important at all	5	6	6	7	11	5	5	10	7
Not sure	5	7	4	14	8	7	8	5	8
Government publications									
Very important	28	33	30	38	26	35	41	14	36
Somewhat important	45	41	43	36	39	42	36	54	43
Not very important	15	10	10	10	12	10	12	6	5
Not very important at all	9	9	10	8	16	7	5	19	11
Not sure	4	7	6	8	8	6	7	7	5
Friends and neighbors									
Very important	22	29	27	33	20	32	36	11	27
Somewhat important	22	21	22	21	14	24	21	21	21
Not very important	30	22	22	23	22	22	20	27	24
Not very important at all	23	26	29	21	45	20	21	39	25
Not sure	2	1	1	3	-	2	1	1	2
Health stories in newspapers and magazines									
Very important	18	20	21	17	21	20	22	16	23
Somewhat important	48	53	54	48	49	54	51	55	51
Not very important	20	15	15	16	16	15	15	15	14
Not very important at all	12	12	10	17	11	12	11	14	12
Not sure	2	*	-	1	2	-	1	-	-

*Less than 0.5%.

Q.30

Table 69
SOURCES OF INFORMATION ABOUT HEALTH CARE: DIABETICS

Q.: When it comes to information about health in general and your medical problems in particular, how important a source do you consider (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

		Diabetics 35 and Over							
			Age		Sex		Education		
	Total Adults 35 and Over	All	35-64 Years	65 and Over	Male	Female	High School Graduate or Less	Some College or More	Ever Took Multiple Drugs
Base	935	400	225	165	171	229	223	177	222
	%	%	%	%	%	%	%	%	%
Your doctor									
Very important	90	93	91	95	91	94	96	89	94
Somewhat important	8	6	7	5	7	5	4	8	5
Not very important	1	1	*	1	1	-	-	1	*
Not very important at all	*	*	*	-	-	*	-	1	-
Not sure	*	1	1	-	1	*	*	1	*
Your pharmacist									
Very important	61	64	58	72	52	73	76	49	71
Somewhat important	24	21	26	15	23	20	16	28	18
Not very important	7	7	9	4	12	2	3	11	5
Not very important at all	5	7	6	7	11	3	4	10	5
Not sure	1	2	1	2	2	1	2	2	2
Voluntary health organizations such as the heart, lung, or diabetes associations									
Very important	53	61	58	65	60	62	65	56	59
Somewhat important	29	25	31	17	25	25	22	29	24
Not very important	7	5	4	6	6	4	4	6	6
Not very important at all	5	4	3	4	4	3	4	3	5
Not sure	5	5	3	8	5	5	5	5	7
Government publications									
Very important	28	30	30	30	26	34	34	25	32
Somewhat important	45	38	38	36	35	40	35	41	36
Not very important	15	15	16	13	20	10	14	15	14
Not very important at all	9	11	10	11	15	7	9	12	11
Not sure	4	7	6	10	4	10	8	6	8
Friends and neighbors									
Very important	22	18	17	19	12	22	26	8	18
Somewhat important	22	24	25	22	20	26	23	25	22
Not very important	30	30	31	28	35	27	28	33	32
Not very important at all	23	27	26	28	30	24	21	33	27
Not sure	2	2	1	2	2	1	2	1	2
Health stories in newspapers and magazines									
Very important	18	21	21	20	19	22	23	18	20
Somewhat important	48	51	55	44	53	49	45	57	50
Not very important	20	19	16	22	18	19	18	19	20
Not important at all	12	9	7	10	9	8	10	6	9
Not sure	2	2	1	3	1	2	3	1	2

*Less than 0.5%.

APPENDIX A:
SURVEY METHOD AND PROFILES OF THE SAMPLES

The cross section of all Americans is a random sample of adults 18 years of age or older nationally; 1,501 interviews were conducted by telephone from May 2 through May 15, 1984. Within households, respondents were selected according to which household member had the most recent birthday; weighting was applied on the basis of the number of adults in each household. Both unweighted and weighted bases for this sample are displayed in Table 70.

Adults 35 and over, used for comparison in reporting the results of the chronic condition samples, were drawn from the cross section of all adults 18 and over.

Heart patients 35 and over represent a national cross section of Americans meeting the screening requirements described in Section II.1; 267 qualified heart patients 35 and over were derived from the basic cross section of 1,501 adults. Screening was conducted on additional cross sections to yield another 268 qualified heart patients, for a total of 535 completed interviews. These interviews were conducted from May 8 through May 21, 1984. Heart patients derived from additional cross sections were subject to the same screen as those derived from the basic cross section including the use of the most recent birthday respondent selection procedure within households, the sole difference in procedure being an increase in the age to qualify from 18 to 35. All qualified heart patients 35 and over were then combined and weighted on the basis of the number of adults in the household. Both unweighted and weighted bases for this sample are displayed in Table 71.

Arthritics 35 and over represent a national cross section of Americans meeting the screening requirements described in Section II.1; 140 qualified arthritics 35 and over were derived from the basic cross section of Americans meeting the screening requirements described in Section II.1; 140 qualified arthritics 35 and over were derived from the basic cross section of 1,501 adults. Screening was conducted against additional cross sections to yield another 127 qualified arthritics for a total of 367 completed interviews. These interviews were conducted from May 8 through May 24, 1984. Arthritics derived from additional cross sections were subject to the same screen as those derived from the basic cross section including the use of the most recent birthday respondent selection procedure within households, the sole difference in procedure being an increase in the age to qualify from 18 to 35. All qualified arthritics 35 and over were then combined and weighted on the basis of the number of adults in the household. Both unweighted and weighted bases for this sample are displayed in Table 72.

Diabetics 35 and over represent a random sample of 365 subscribers to publications of the American Diabetes Association meeting the screening requirements of this study. These interviews were conducted from May 8 through May 22, 1984. Additionally, 35 qualified diabetics 35 and over were derived from the basic cross section for a total of 400 completed interviews. The sample of diabetics in this study is unweighted, and its composition is displayed in Table 73.

The basic questionnaire for the study appears as Appendix B of the report. Copies of the screeners used to qualify the respondents are available upon request.

Table 70
PROFILE OF THE SAMPLE: ADULTS 18 AND OVER
(N = 1501)

	Number in the Sample	Unweighted Percentage	Weighted Percentage
		%	%
Age			
18-24 years	220	15	18
25-34 years	346	23	21
35-49 years	419	28	29
50-64 years	304	20	20
65 and over	212	14	11
Sex			
Male	686	46	47
Female	815	54	53
Education			
Some high school or less	278	19	18
High school graduate	542	36	37
Some college	323	22	22
College graduate or more	356	24	23
Race			
White	1259	84	84
Black	131	9	9
Hispanic	111	7	8
Region			
East	382	25	26
Midwest	393	26	26
South	446	30	31
West	280	19	18
Size of Place			
Central cities	457	30	29
Balance SMSAs	673	45	46
Non-SMSA	371	25	24
Income			
$7,500 or less	192	13	10
$7,501 to $15,000	279	19	18
$15,001 to $25,000	307	20	20
$25,001 to $35,000	267	18	19
$35,001 to $50,000	171	11	13
$50,001 or over	138	9	11

Table 71
PROFILE OF THE SAMPLE: HEART PATIENTS 35 AND OVER
(N = 535)

	Number in the Sample	Unweighted Percentage	Weighted Percentage
		%	%
Sole or Most Serious Condition			
Sole condition	301	56	58
Most serious condition	234	44	42
Have Seen Cardiologist in Past Year	60	11	10
Age			
35-64 years	371	69	78
65 and over	164	31	22
Sex			
Male	223	42	48
Female	312	58	52
Education			
High school graduate or less	329	61	61
Some college or more	204	38	39

Table 72
PROFILE OF THE SAMPLE: ARTHRITICS 35 AND OVER
(N = 367)

	Number in the Sample	Unweighted Percentage	Weighted Percentage
		%	%
Sole or Most Serious Condition			
Sole condition	201	55	57
Most serious condition	166	45	43
Have Seen Rheumatologist in Past Year	20	5	5
Age			
35-64 years	221	60	70
65 and over	146	40	30
Sex			
Male	89	24	27
Female	278	76	73
Education			
High school graduate or less	254	69	70
Some college or more	111	30	30

Table 73
PROFILE OF THE SAMPLE: ADULTS 18 AND OVER
(N = 400)

	Number in the Sample	Percentage
		%
Sole or Most Serious Condition		
Sole condition	119	30
Most serious condition	281	70
Have Seen Diabetologist in Past Year	43	11
Age		
35-64 years	235	59
65 and over	165	41
Sex		
Male	171	43
Female	229	57
Education		
High school graduate or less	223	56
Some college or more	177	44
Use Insulin Injections	273	68

APPENDIX B:
THE QUESTIONNAIRE

ASK EVERYONE

2. Overall, how do you feel about the health care services that you and your family have used in the last few years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Very satisfied	(43(	–1
Somewhat satisfied		–2
Somewhat dissatisfied		–3
Very dissatisfied		–4
Have not used (vol.)		–5
Not sure		–6

3. How would you rate *your own* health in view of your age—would you say that your health is excellent, pretty good, only fair, or poor?

Excellent	(44(	–1
Pretty good		–2
Only fair		–3
Poor		–4
Not sure		–2

4. Is there one person or place in particular you usually go to when you are sick or want advice about your health, or isn't there?

Yes, there is a usual person or place	(45(	–1	(ASK Q.5)
No, there is not a usual person or place		–2	(SKIP TO Q.6a)
Not sure		–3	(SKIP TO Q.6a)

5. Where do you usually go—to a doctor's office, a clinic, a hospital emergency room, or some other place?

SINGLE RECORD

Doctor's office	(46(	–1
Clinic		–2
Hospital emergency room		–3
Health maintenance organization (HMO) (vol.)		–4
Other (SPECIFY): _____		–5
Not sure		–6

ASK EVERYONE

6a. Have you *called* a doctor about a health problem in the past year without actually *seeing* the doctor, or haven't you?

Yes, have called	(47(	–1
No, have not called		–2
Not sure		–3

6b. How many *times* have you *seen a doctor about* your health during the past year, not counting any hospitalization?

DO NOT READ LIST

None	(48(	–1	(SKIP TO Q.11a)
1 time		–2	
2 to 3 times		–3	
4 to 6 times		–4	(ASK Q.7)
7 to 10 times		–5	
More than 10 times		–6	
Not sure		–7	(SKIP TO Q.11a)

7. Not counting any hospitalization, how many *different* doctors would you say you've seen in the past year?

DO NOT READ LIST

1	(49(	–1
2		–2
3 or more		–3
Not sure		–4

8. Not counting any hospitalization, have you seen a medical specialist for any type of medical problem in the past year, or haven't you?

Have seen a specialist	(50(–1	(ASK Q.9)
Have not seen a specialist	–2	(SKIP TO Q.11a)
Not sure	–3	

9. Not counting any hospitalization, how many *different* medical specialists would you say you've seen in the past year?

DO NOT READ LIST

INTERVIEWER: IF ANSWER IN Q.9 EXCEEDS AN ANSWER IN Q.7, PROBE AND ADJUST

1	(51(	–1
2		–2
3 or more		–3
Not sure		–4

10. What type of medical specialist did you see? What others?

DO NOT READ LIST—MULTIPLE RECORD

Cardiologist (heart)	(52(	–1
Dermatologist (skin)		–2
Diabetologist (diabetes)		–3
Endocrinologist (endocrine glands)		–4
Gastroenterologist (stomach and intestines)		–5
Gynecologist (female reproductive organs)		–6
Neurologist (nervous system)		–7
Obstetrician (childbirth)		–8
Ophthalmologist (eyes)		–9
Psychiatrist (mental or emotional disorder)		–0
Rheumatologist (inflammation of muscles or joints, including arthritis)		–x
Surgeon (general surgery)		–y
Urologist (urinary or urogenital tract)	(53(	–1
Other (SPECIFY): _____		–2
Not sure		–3

ASK EVERYONE

11a. Is there one particular doctor you consider your usual doctor for most of your health problems, or isn't there?

Is one particular doctor	(54(____ –1	(SKIP TO Q.11c)
Is not one particular doctor	____ –2	(ASK Q.11b)
Not sure	____ –3	

11b. If you have a serious medical problem that requires prompt attention, is there one particular doctor to whom you would go, or isn't there?

Is one particular doctor	(55(____ –1	(ASK Q.11c)
Is not one particular doctor	____ –2	
Not sure	____ –3	(SKIP TO Q.18a)

11c. Is that doctor a general doctor, or a specialist?

General doctor	(56(____ –1	(SKIP TO Q.12)
Specialist	____ –2	(ASK Q.11d)
Not sure	____ –3	(SKIP TO Q.12)

11d. What type of medical specialist is your doctor?

DO NOT READ LIST—SINGLE RECORD

Cardiologist (heart)	(57(____ –1
Dermatologist (skin)	____ –2
Diabetologist (diabetes)	____ –3
Endocrinologist (endocrine glands)	____ –4
Gastroenterologist (stomach and intestines)	____ –5
Gynecologist (female reproductive organs)	____ –6
Neurologist (nervous system)	____ –7
Obstetrician (childbirth)	____ –8
Ophthalmologist (eyes)	____ –9
Psychiatrist (mental or emotional disorder)	____ –0
Rheumatologist (inflammation of muscles or joints, including arthritis)	____ –x
Surgeon (general surgery)	____ –y
Urologist (urinary or urogenital tract)	(58(____ –1
Other (SPECIFY): _____	____ –2
Not sure	____ –3

12. About how old would you say your doctor is?

DO NOT READ CATEGORIES

Under 30	(59(____	–1
30-39	____	–2
40-49	____	–3
50-59	____	–4
60-69	____	–5
70 or over	____	–6
Not sure	____	–7

13. Is your doctor a man or a woman?

Man	(60(____	–1
Woman	____	–2

14. How long have you been seeing your doctor?

DO NOT READ CATEGORIES

Less than 1 year	(61(____	–1
At least 1 year but less than 3 years	____	–2
At least 3 years but less than 6 years	____	–3
6 or more years	____	–4
Not sure	____	–5

15. Since you've been seeing your present doctor, have you ever had a health problem, couldn't see your doctor, and had to see another doctor instead, or haven't you?

Have had to see another doctor	(62(____	–1	(ASK Q.16)
Have not had to see another doctor	____	–2	(SKIP TO Q.17a)
Not sure	____	–3	

16. How did you feel about having to see a doctor other than the one you usually see—were you bothered a great deal, bothered somewhat, bothered not very much, or not bothered at all?

Bothered a great deal	(63(____	–1
Bothered somewhat	____	–2
Bothered not very much	____	–3
Not bothered at all	____	–4
Not sure	____	–5

17a. Did you originally select your doctor because you were referred to him or her by another doctor, or didn't you?

Referred	(64(____	–1
Not referred	____	–2
Not sure	____	–3

17b. Did you originally select your doctor because you were ill and needed immediate medical care, or didn't you?

Selected because ill	(65(____	–1
Did not select because ill	____	–2
Not sure	____	–3

ASK Q.18a AND Q.18b IN SEQUENCE FOR EACH ITEM

ASK EVERYONE

18a. In general, how important do you think it is for a doctor to (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

RECORD BELOW

ASK Q.18b ONLY IF "HAVE PARTICULAR DOCTOR" IN Q.11a OR Q.11b

18b. And how would you rate your own doctor on the job he or she is doing to (READ EACH ITEM)—would you say he or she is doing an excellent, pretty good, only fair or poor job on this?

RECORD BELOW

	Q.18a					Q.18b				
ROTATE—START AT "X"	Very Important	Somewhat Important	Not Very Important	Not Important at All	Not Sure	Excellent	Pretty Good	Only Fair	Poor	Not Sure
( ) 1. Be knowledgeable and competent to treat your illnesses	(66( ) –1	–2	–3	–4	–5	(10( ) –1	–2	–3	–4	–5
( ) 2. Have a friendly personality	(67( ) –1	–2	–3	–4	–5	(11( ) –1	–2	–3	–4	–5
( ) 3. Really care about you and your health	(68( ) –1	–2	–3	–4	–5	(12( ) –1	–2	–3	–4	–5
( ) 4. Understand your economic circumstances	(69( ) –1	–2	–3	–4	–5	(13( ) –1	–2	–3	–4	–5
( ) 5. Personally spend enough time with you to diagnose your problem and prescribe effective treatment	(70( ) –1	–2	–3	–4	–5	(14( ) –1	–2	–3	–4	–5
( ) 6. Make a special effort to get you to explain your symptoms and problems completely	(71( ) –1	–2	–3	–4	–5	(15( ) –1	–2	–3	–4	–5
( ) 7. Answer your questions honestly and completely	(72( ) –1	–2	–3	–4	–5	(16( ) –1	–2	–3	–4	–5
( ) 8. Explain your medical problems to you in language you can understand	(73( ) –1	–2	–3	–4	–5	(17( ) –1	–2	–3	–4	–5
( ) 9. Make sure you understand what you've been told about your medical problems	(74( ) –1	–2	–3	–4	–5	(18( ) –1	–2	–3	–4	–5
( ) 10. Keep his or her medical fees reasonable	(75( ) –1	–2	–3	–4	–5	(19( ) –1	–2	–3	–4	–5
( ) 11. Tell you about steps you could take to enjoy good health such as controlling your weight, getting enough exercise, and eating the right foods	(76( ) –1	–2	–3	–4	–5	(20( ) –1	–2	–3	–4	–5

ASK Q.19a AND Q.19b AND Q.19c IN SEQUENCE FOR EACH ITEM

ASK EVERYONE

19a. When it comes to making a decision about (READ EACH ITEM), how do you think a decision *should* be made—should the doctor make the decision alone, or should the patient make the decision based on information from the doctor, or should doctor and patient agree together on what will be done?

SINGLE RECORD BELOW

ASK Q.19b ONLY IF "HAVE PARTICULAR DOCTOR" IN Q.11a OR Q.11b

19b. Have you and your doctor ever had to make a decision about (READ EACH ITEM), or haven't you?

RECORD BELOW

ASK Q.19c FOR EACH ITEM "HAVE HAD TO MAKE A DECISION" ABOUT IN Q.19b

19c. In your experience, when it comes to making a decision about (READ EACH ITEM), how do you find a decision *is* actually made—does your doctor make the decision alone, or do you make the decision based on information from your doctor, or do you and your doctor agree together on what will be done?

SINGLE RECORD BELOW

	Q.19a					Q.19b			Q.19c				
ROTATE—START AT "X"	Doctor Should Make the Decision	Patient Should Make the Decision	Doctor and Patient Should Agree	Patient Alone Should Decide Without Information From Doctor (Vol.)	Not Sure	Have Had To Make Decision	Have Not Had To Make Decision	Not Sure	Doctor Makes the Decision	Patient Makes the Decision	Doctor and Patient Agree	Patient Makes Decision Alone (Vol.)	Not Sure
( ) 1. Having surgery	(21(___ –1	___ –2	___ –3	___ –3	___ –5	(25(___ –1	___ –2	___ –3	(29(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 2. Using a prescription drug	(22(___ –1	___ –2	___ –3	___ –3	___ –5	(26(___ –1	___ –2	___ –3	(30(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 3. A restricted diet	(23(___ –1	___ –2	___ –3	___ –3	___ –5	(27(___ –1	___ –2	___ –3	(31(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 4. An exercise program	(24(___ –1	___ –2	___ –3	___ –3	___ –5	(28(___ –1	___ –2	___ –3	(32(___ –1	___ –2	___ –3	___ –4	___ –5

ASK Q.20a AND Q.20b 1 IN SEQUENCE FOR EACH ITEM

ASK EVERYONE

20a. Have you ever gone to a doctor specifically because (READ EACH ITEM) or haven't you?

RECORD BELOW

ASK Q.20b FOR EACH ITEM "HAVE DONE" IN Q.20a

20b. Was that in the past year, or not?

RECORD BELOW

ROTATE—START AT "X"	Q.20a			Q.20b		
	Have Done	Have Not Done	Not Sure	Was in Past Year	Was Not in Past Year	Not Sure
( ) 1. You wanted advice about steps you could take to stay healthy	(33(–1	–2	–3	(42(–1	–2	–3
( ) 2. You wanted reassurance from a doctor that you were healthy	(34(–1	–2	–3	(43(–1	–2	–3
( ) 3. You were receiving regular treatment for a long-term health problem	(35(–1	–2	–3	(44(–1	–2	–3
( ) 4. You suffered a serious physical injury	(36(–1	–2	–3	(45(–1	–2	–3
( ) 5. You had some questions about a prescription drug you were taking	(37(–1	–2	–3	(46(–1	–2	–3
( ) 6. You felt you needed a checkup	(38(–1	–2	–3	(47(–1	–2	–3
( ) 7. You wanted to ask your doctor about a particular prescription drug you'd heard about	(39(–1	–2	–3	(48(–1	–2	–3
( ) 8. You had a family problem you wanted to discuss	(40(–1	–2	–3	(49(–1	–2	–3
( ) 9. You heard or read something about medical symptoms you thought you had	(41(–1	–2	–3	(50(–1	–2	–3

ASK Q.21a AND Q.21b IN SEQUENCE FOR EACH ITEM

ASK EVERYONE

21a. I'm going to read a list of reasons people sometimes give for deciding *not* to go see a doctor. For each, please tell me if it's ever been a reason for you in deciding *not* to go see a doctor, or if it hasn't been a reason.

READ EACH ITEM—RECORD BELOW

ASK Q.21b FOR EACH ITEM "HAS BEEN A REASON" IN Q.21a

21b. Was that in the past year, or not?

RECORD BELOW

ROTATE—START AT "X"	Q.21a: Has Been a Reason *Not* To See a Doctor	Q.21a: Hasn't Been a Reason *Not* To see a Doctor	Q.21a: Not Sure	Q.21b: Was a Reason in the Past Year	Q.21b: Wasn't a Reason in the Past Year	Q.21b: Not Sure
( ) 1. The doctor wasn't available when you needed him or her	(51(–1	–2	–3	(61(–1	–2	–3
( ) 2. It was inconvenient or difficult to travel to the doctor's office	(52(–1	–2	–3	(62(–1	–2	–3
( ) 3. The fee you'd have to pay yourself was too high	(53(–1	–2	–3	(63(–1	–2	–3
( ) 4. The doctor had an unpleasant personality	(54(–1	–2	–3	(64(–1	–2	–3
( ) 5. The doctor didn't seem to really care about you and your health	(55(–1	–2	–3	(65(–1	–2	–3
( ) 6. You thought your problem was too small to bother a busy doctor with	(56(–1	–2	–3	(66(–1	–2	–3
( ) 7. You were afraid the doctor would ask you to lose weight or get more exercise	(57(–1	–2	–3	(67(–1	–2	–3
( ) 8. You thought your medical problem was so serious that a visit wouldn't do anything to help you	(58(–1	–2	–3	(68(–1	–2	–3
( ) 9. You were too embarrassed to discuss your medical problem with a doctor	(59(–1	–2	–3	(69(–1	–2	–3
( ) 10. You were afraid of what the doctor might find	(60(–1	–2	–3	(70(–1	–2	–3

ASK EVERYONE

22a. Thinking about doctors in general, which one of the following statements comes closest to your point of view?

READ STATEMENTS, THEN SINGLE RECORD BELOW

ASK Q.22b ONLY IF "HAVE PARTICULAR DOCTOR" IN Q.11a or Q.11b—SKIP OTHERS TO Q.23.

22b. Thinking about *your doctor* in particular, which one of the following statements comes closest to your point of view?

READ STATEMENTS, THEN SINGLE RECORD BELOW

DO NOT ROTATE LIST	**Q.22a Doctors in General**	**Q.22b Your Doctor**
1. They (He or she) are (is) mainly interested in helping patients	(71(–1	(72(–1
or		
2. They (He or she) are (is) mainly interested in making money	–2	–2
or		
3. They (He or she) are (is) mainly interested both in making money and making patients	–3	–3
All, none, some combination (vol.)	–4	–4
Not sure	–5	–5

ASK EVERYONE

23. Have you ever stopped going to a particular doctor or changed doctors on your own because you were dissatisfied in any way, or haven't you?

Have stopped going to a doctor or changed doctors	(73(–1	(ASK Q.24)
Have not stopped going to a doctor or changed doctors	–2	(SKIP TO Q.25a)
Not sure	–3	

24. I'm going to read a list of reasons people sometimes give for getting so dissatisfied that they stop going to a doctor or change doctors. For each, please tell me if this has ever been a reason for you, or if it hasn't been a reason.

READ EACH ITEM

ROTATE—START AT "X"	Has Been a Reason	Hasn't Been a Reason	Not Sure
( ) 1. The doctor wasn't knowledgeable and competent to treat your illness	(74(–1	–2	–3
( ) 2. The doctor didn't seem up to date with new medical advances	(75(–1	–2	–3
( ) 3. The doctor didn't have a friendly personality	(76(–1	–2	–3
( ) 4. The doctor didn't spend enough time with you to diagnose your problem and prescribe effective treatment	(77(–1	–2	–3
( ) 5. The doctor didn't answer your questions honestly and completely	(78(–1	–2	–3
( ) 6. The doctor didn't explain your medical problems to you in language you could understand	(79(–1	–2	–3
( ) 7. The doctor's fees weren't reasonable	(80(–1	–2	–3
( ) 8. The doctor wasn't always available when you needed him or her	(10(–1	–2	–3
( ) 9. The doctor refused to accept a second opinion from another doctor on some medical decision affecting you	(11(–1	–2	–3
( ) 10. The treatment the doctor prescribed didn't work	(12(–1	–2	–3
( ) 11. The doctor didn't treat you wi th respect	(13(–1	–2	–3

ASK EVERYONE

25a. When a doctor writes a prescription for you, for (READ EACH ITEM), how likely are you to get it filled—very likely, somewhat likely, not very likely, or not likely at all?

ROTATE—START AT "X"	Very Likely	Somewhat Likely	Not Very Likely	Not Likely at All	Not Applicable (Vol.)	Not Sure
( ) 1. A long-term health problem, such as arthritis or high blood pressure	(14(–1	–2	–3	–4	–5	–6
( ) 2. A short-term health problem, such as an infection or an injury	(15(–1	–2	–3	–4	–5	–6

25b. The most recent time a doctor wrote a prescription for you for (READ EACH ITEM), did you get it filled, or didn't you?

ROTATE—START AT "X"	Did Get It Filled	Did Not Get It Filled	Not Applicable (Vol.)	Not Sure
( ) 1. A long-term health problem, such as arthritis or high blood pressure	(16(–1	–2	–3	–4
( ) 2. A short-term health problem, such as an infection or an injury	(17(–1	–2	–3	–4

26. When you have a medicine that your doctor has prescribed for you, how often do you take it *exactly* according to the instructions, in the dosages and frequencies that your doctor has prescribed—always, most of the time, only some of the time, or never?

Always	(18(–1	(SKIP TO Q.29a)
Most of the time	–2	
Only some of the time	–3	
Never	–4	(ASK Q.27)
Not applicable (vol.)	–5	
Not sure	–6	

27. It's not unusual for people not to follow exactly a doctor's instructions about a drug. In your own case, are you most likely to take a little *more* medicine or to take it somewhat *more* frequently than your doctor prescribed, or are you most likely to take a little *less* medicine or to take it somewhat *less* frequently than your doctor prescribed?

Most likely to take a little more or more frequently	(19(___ –1	(SKIP TO Q.29a)
Most likely to take a little less or less frequently	___ –2	(ASK Q.28)
It depends (vol.)	___ –3	(SKIP TO Q.29a)
Not sure	–4	

28. I'd like to read you some reasons people give for why they take less medicine, or take it less frequently, than their doctor has prescribed. For each, please tell me if it describes your reason very closely, somewhat closely, not very closely, or not closely at all.

READ EACH ITEM

ROTATE—START AT "X"	**Very Closely**	**Somewhat Closely**	**Not Very Closely**	**Not Closely at All**	**Not Sure**
( ) 1. The medicine is too expensive	(20(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 2. You're not sure the medicine is actually working	(21(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 3. You're concerned about negative side effects	(22(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 4. You're concerned about how this medicine will interact with other medicine you're taking	(23(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 5. You take so many medicines you can't remember which ones and how much you're supposed to take	(24(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 6. You just forget	(25(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 7. Your doctor didn't emphasize the importance of taking this medicine exactly as he or she asked	(26(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 8. You felt better	(27(___ –1	___ –2	___ –3	___ –4	___ –5
( ) 9. You didn't agree with your doctor's diagnosis or advice	(28(___ –1	___ –2	___ –3	___ –4	___ –5

ASK Q.29a AND Q.29b IN SEQUENCE FOR EACH ITEM

ASK EVERYONE

29a. Have you ever (READ EACH ITEM), or haven't you?

RECORD BELOW

ASK Q.29b FOR EACH ITEM "HAVE DONE" IN Q.29a

29b. Was that in the past year, or wasn't it?

RECORD BELOW

ROTATE—START AT "X"	Q.29a Have Done	Q.29a Have Not Done	Q.29a Not Sure	Q.29b Have Done in Past Year	Q.29b Have Not Done in Past Year	Q.29b Not Sure
( ) 1. Been on long-term drug therapy for a particular illness or condition	(29(–1	–2	–3	(34(–1	–2	–3
( ) 2. Been taking more than one prescription drug regularly	(30(–1	–2	–3	(35(–1	–2	–3
( ) 3. Tried a medicine that was prescribed for a friend or relative but not for yourself	(31(–1	–2	–3	(36(–1	–2	–3
( ) 4. Taken a medicine that you bought more than one year before	(32(–1	–2	–3	(37(–1	–2	–3
( ) 5. Had a prescription for a long-term health problem that you failed to refill when the medicine was used up	(33(–1	–2	–3	(38(–1	–2	–3

ASK EVERYONE

30. When it comes to information about health in general and your medical problems in particular, how important a source do you consider (READ EACH ITEM)—very important, somewhat important, not very important, or not important at all?

ROTATE—START AT "X"	Very Important	Somewhat Important	Not Very Important	Not Important at All	Not Sure
( ) 1. Your doctor	(39(–1	–2	–3	–4	–5
( ) 2. Health stories in newspapers and magazines	(40(–1	–2	–3	–4	–5
( ) 3. Your pharmacist	(41(–1	–2	–3	–4	–5
( ) 4. Voluntary health organizations such as the heart, lung, or diabetes associations	(42(–1	–2	–3	–4	–5
( ) 5. Friends and neighbors	(43(–1	–2	–3	–4	–5
( ) 6. Government publications	(44(–1	–2	–3	–4	–5

ASK EVERYONE

F1 Including yourself, how many adults 18 and over are living in your household?

One	(45(___ –1	(SKIP TO Q.F5)
Two	___ –2	
Three	___ –3	
Four	___ –4	(ASK Q.F2)
Five or more	___ –5	
Not sure	___ –6	

ASK Q.F2, Q.F3, AND Q.F4 IN SEQUENCE FOR EACH RESIDENT OF THE HOUSEHOLD 18 YEARS OLD AND OVER, OTHER THAN RESPONDENT.

F2. Not counting yourself, how old is the oldest (next oldest) member of your immediate household living with you?

IF HESITANT, READ LIST—RECORD BELOW

	Oldest	Next	Next	Next	Next
18 to 20 years	(46(–1	(47(–1	(48(–1	(49(–1	(50(–5
21 to 24 years	–2	–2	–2	–2	–2
25 to 29 years	–3	–3	–3	–3	–3
30 to 34 years	–4	–4	–4	–4	–4
35 to 39 years	–5	–5	–5	–5	–5
40 to 49 years	–6	–6	–6	–6	–6
50 to 64 years	–7	–7	–7	–7	–7
65 to 74 years	–8	–8	–8	–8	–8
75 and over	–9	–9	–9	–9	–9
Not sure	–0	–0	–0	–0	–0

F3. Is that person male or female?

RECORD BELOW

	Oldest	Next	Next	Next	Next
Male	(51(–1	(52(–1	(53(–1	(54(–1	(55(–1
Female	–2	–2	–2	–2	–2

F4. Has that person ever been told by a doctor, nurse, or other health care professional that (he/she) has or has had (READ EACH ITEM), or not?

MULTIPLE RECORD IF NECESSARY BELOW

ROTATE—START AT "X"	Oldest	Next	Next	Next	Next
( ) 1. High blood pressure or a heart condition	(56(–1	(57(–1	(58(–1	(59(–1	(60(–1
( ) 2. Arthritis	–2	–2	–2	–2	–2
( ) 3. Prolonged anxiety, tension, or depression	–3	–3	–3	–3	–3
( ) 4. Ulcers	–4	–4	–4	–4	–4
( ) 5. Diabetes	–5	–5	–5	–5	–5
No/none	–6	–6	–6	–6	–6
Not sure	–7	–7	–7	–7	–7

ASK EVERYONE

F5. Are you presently employed full-time, part-time, unemployed, retired, a student, a housewife, or what?

Full-time	(61(–1
Part-time	–2
Unemployed	–3
Retired	–4
Student	–5
Housewife	–6
Disabled/too ill to work (vol.)	–7
On duty in armed forces (vol.)	–8
Other (SPECIFY):	
_____	–9
Not sure	–0

F6. How old are you?

IF HESITANT, READ LIST

18 to 20 years	(62(–1
21 to 24 years	–2
25 to 29 years	–3
30 to 34 years	–4
35 to 39 years	–5
40 to 49 years	–6
50 to 64 years	–7
65 to 74 years	–8
75 and over	–9
Not sure	–0

F7. What was the last grade or level of school you completed?

No formal schooling	(63(–1
First through 7th grade	–2
8th grade	–3
Some high school	–4
High school graduate	–5
Some college	–6
Two-year college graduate	–7
Four-year college graduate	–8
Postgraduate	–9
Trade/technical/vocational after high school*	XXXXXX

***INTERVIEWER: PROBE FOR *LAST* LEVEL OF FORMAL EDUCATION AND CODE INTO APPROPRIATE CATEGORY**

F8. Which of the following income categories best describes your total 1983 household income? Was it (READ LIST)?

$7,500 or less	(64(–1
$7,501 to $15,000	–2
$15,001 to $25,000	–3
$25,001 to $35,000	–4
$35,001 to $50,000	–5
$50,001 or over	–6
Not sure	–7

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES

F9a. Do you, or does any member of your household, have health insurance from any source, including a private, employer, or government plan that covers you for at least part of the cost of (READ EACH ITEM), or not?

ROTATE—START AT "X"	Have	Don't Have	Not Sure
( ) 1. Hospitalization	(65(–1	–2	–3
( ) 2. Prescription drugs	(66(–1	–2	–3
( ) 3. Visits to the doctor	(67(–1	–2	–3

F9b. About how much would you say you and members of your household spent out-of-pocket in the past year on health care, excluding what insurance paid for and what you paid in health insurance premiums.

RECORD $ BELOW

INTERVIEWER: ROUND TO THE NEAREST WHOLE DOLLAR

$ | | | | | | (68-72)

Not sure (73(–1

F10. How long have you lived in the community where you live now?

DO NOT READ CATEGORIES

Less than 1 year	(74(–1
At least 1 year but less than 3 years	–2
At least 3 years but less than 6 years	–3
6 or more years	–4
Not sure	–5

F11. How would you describe your relationship to other members of your immediate household—would you say you are very close, somewhat close, not very close, or not close at all?

Very close	(75(–1
Somewhat close	–2
Not very close	–3
Not close at all	–4
Not sure	–5
Live alone (vol.)	–6

F12. Are you of Hispanic origin or discent, or not?

Yes, of Hispanic Origin	(76(	–1
No, not of Hispanic origin	____	–2
Not sure/refused	____	–3

F13. Do you consider yourself white, black, oriental, or what?

White	(77(	–1
Black	____	–2
Oriental/Asian or Pacific Islander	____	–3
American Indian or Alaskan native	____	–4
Not sure	____	–5

78-80Z

That completes the interview. Thank you very much for your cooperation!